

Also known as **53 8501** BALTIMORE CITY HEALTH DEPARTMENT  
**Daraszakicz, Derscavage** **53 8501**  
**CERTIFICATE OF DEATH** Registered No. \_\_\_\_\_

BIRTH NAME **Dereskevicius, Deresczkewicz**

1. NAME OF DECEASED (Type or Print) **Derscavage, William** 2. DATE OF DEATH **9/20-1953**

3. PLACE OF DEATH: A. Baltimore City, Maryland **Baltimore city.** 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Maryland.** B. COUNTY **Anne Arundel**

B. FULL NAME OF (If not in hospital or institution, give street address or location) **Franklin Square Hospital.** C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)  
**5512 Moore St #25**

c. Length of stay in Baltimore **50** Yrs. Mos. Days

5. SEX **M** 6. COLOR OR RACE **W.** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**widower.** 8. DATE OF BIRTH **April 5 1883** 9. AGE (In years last birthday) **70** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Tailor** 10B. KIND OF BUSINESS OR INDUSTRY **Coat - maker** 11. BIRTHPLACE (State or foreign country)  
**Europe Lithuania** 12. CITIZEN OF WHAT COUNTRY?  
**U.S.A.**

13. FATHER'S NAME **UNKNOWN** 14. MOTHER'S MAIDEN NAME  
**UNKNOWN.**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **NO** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.  
**212-22-554** 17. INFORMANT **BERTICE JALONSKI** ADDRESS **5512 MOORE ST.**

18. **42201** 1 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) **Cerebral Thrombosis.** DUE TO

ANTECEDENT CAUSES (B) **A. C. U. disease.** DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9/16**, 19**53** to **9/20**, 19**53** that I last saw the deceased alive on **9/20**, 19**53** and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Dr. J. J. Kurniel** M. D. 23B. ADDRESS **Franklin Square Hospital.** 23C. DATE SIGNED **9/20-1953**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **9/23/53** 24C. NAME OF CEMETERY OR CREMATORY **ST. STANISLAUS** 24D. LOCATION (City, town, or county) (State)  
**DUNDORF RD. M.D.**

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS  
**Charles W. Kachauskas 703 McHenry St.**

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D-563  
53 8502BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8502  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Rose E. Wenhardt</u>		2. DATE OF DEATH <u>Sept 20<sup>th</sup> 1953</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1716 N. Wolfe St</u>		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <u>md</u> B. COUNTY <u>md</u>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>—</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto</u> <u>8-06</u>	
6. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>1716 N. Wolfe St.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Mar 11<sup>th</sup> 1880</u>
9. AGE (In years last birthday) <u>72</u>		10. Under 1 Year Months: Days: <u>72</u>	
11. Under 24 Hours Hours: Min. <u>72</u>		12. CITIZEN OF WHAT COUNTRY? <u>md</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>md</u>		12. CITIZEN OF WHAT COUNTRY? <u>md</u>	
13. FATHER'S NAME <u>Fredrick Eck</u>		14. MOTHER'S MAIDEN NAME <u>Catherine Engle</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>Mrs Lutz</u>		ADDRESS <u>2138 E. Federal St.</u>	
18. <u>420.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <u>Ventricular fibrillation</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>		(A) <u>—</u> DUE TO <u>—</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Arteriosclerotic heart disease</u> DUE TO <u>—</u>		(C) <u>—</u> DUE TO <u>—</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Malnutrition</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19A. DATE OF OPERATION <u>—</u>		19B. MAJOR FINDINGS OF OPERATION <u>—</u>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>—</u>		21D. HOW DID INJURY OCCUR? <u>—</u>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>Oct 1946</u> to <u>Sept 20, 1953</u> , that I last saw the deceased alive on <u>9/19</u> , 19 <u>53</u> , and that death occurred at <u>10:00</u> Am., from the causes and on the date stated above.			
23A. SIGNATURE <u>Conradh. Richter</u>		23B. ADDRESS <u>3128 Harford Rd</u>	
23C. DATE SIGNED <u>7/21/53</u>		23D. DATE SIGNED <u>—</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Sept 23 1953</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Landon Park</u>		24D. LOCATION (City, town, or county) (State) <u>Fredrick Road</u>	
25. FUNERAL DIRECTOR <u>H &amp; E Doherty</u>		ADDRESS <u>1701-03 N. Patterson Park</u>	

Dr Richter 3128 Harford ave

C-646  
53 8503BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8503  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Julia E. Ray Carroll

2. DATE  
OF  
DEATH

9/19/53

3. PLACE OF DEATH:  
A. Baltimore City, MarylandB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hosp. Bal

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-01

D. STREET ADDRESS (If rural, give location)

1302 E. Chase St

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

col

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 19, 1902

9. AGE (in years  
last birthday)

51

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Francis Bass 734 Greenmount Ave

ADDRESS

18. 581.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Fatty Liver

## ANTECEDENT CAUSES

(B)

DUE TO

Chronic Alcoholism

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy hereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER ☐ 23C. DATE SIGNED  
ASSISTANT MEDICAL EXAMINER ☒ 8-20-53  
M.D. MEDICAL INVESTIGATOR24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/23/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

E. J. Wilson 1000 Broadway

1088-80

1088-80

1088-80

1088-80

1088-80



5-530

CERTIFICATE AMENDED 10/19/53 ES

53 8504

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8504  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Last name or Print)

Smith, Marie

2. DATE  
OF  
DEATH

9/20/1953.

PLACE OF DEATH:

Baltimore City, Maryland Baltimore Md.

FULL NAME OF (If not in hospital or institution, give street address or  
SPITAL OR location)  
INSTITUTION Franklin Square Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE Maryland, COUNTY Baltimore (or admission)C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
Baltimore Brooklyn township)

D. STREET ADDRESS (If rural, give location)

1437 Chesapeake Court

Length of stay in Baltimore

SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married.

B. DATE OF BIRTH

Aug. 16 1898

9. AGE (In years  
last birthday)

55

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10. USUAL OCCUPATION (Give kind of  
occupation during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

OHIO

12. CITIZEN OF  
WHAT COUNTRY?

USA.

FATHER'S NAME

Batty Williams

14. MOTHER'S MAIDEN NAME

Mary Patton

WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Family - SAME

18.

I 823X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Brain Tumor  
(meningioma)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Wrennie Cerna.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/19, 1953 to 9/20, 1953 that I last saw the  
deceased alive on 9/20 1953. and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-  
N, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

TE RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington 1415 3. 130 E. Fort Bus.

See query reply in Document file.



53 8505  
5-300BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8505

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CATHERINE M. SCHUTTE

2. DATE  
OF  
DEATH

9-19-53.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 731 N. LAKEWOOD AVE.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

731 N. LAKEWOOD AVE.

c. Length of stay in Baltimore

LIFE Yrs.  
Mos.  
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

6-19-1870

9. AGE (In years last birthday)

83

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR INDUSTRY

HOUSE WORK

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

SIGMUND BAUMMER

14. MOTHER'S MAIDEN NAME

GERALDINE SEIBERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

MRS. FRANK X. ZEILER

ADDRESS

SAME

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cardiac Decompensation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized Arteriosclerosis

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16<sup>th</sup>, 1948, to Sept 14, 1953, that I last saw the deceased alive on Sept 14, 1953, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

E. G. Flanagan Jr.

23B. ADDRESS

3501 Fair Ave. Balto.

23C. DATE SIGNED

9-21-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

9-23-53

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM

24D. LOCATION (City, town, or county)

4430 BELAIR RD. BA, MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Charles S. Zeiler

ADDRESS

901 S. CONKLING ST. BALTO. 24, MD.

2502

2502



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 8506**

1. NAME OF DECEASED (Type or Print) <b>Baby Boy Moran</b>		2. DATE OF DEATH <b>9-21-53</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore md</b>	
6. Length of stay in Baltimore <b>1/2</b> Yrs. Mos. Days <b>0</b>		D. STREET ADDRESS (If rural, give location) <b>3 Alabama Ct. 6355</b>	
7. SEX <b>M</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH <b>9-21-53</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (In years last birthday) <b>12</b>	
13. KIND OF BUSINESS OR INDUSTRY		14. BIRTHPLACE (State or foreign country) <b>Baltimore</b>	
15. CITIZEN OF WHAT COUNTRY?		16. FATHER'S NAME <b>Francis R. Moran</b>	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		18. SOCIAL SECURITY NO.	
19. INFORMANT <b>Francis R. Moran</b>		20. ADDRESS <b>3 Alabama Ct.</b>	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Atelectasis</b>		22. INTERVAL BETWEEN ONSET AND DEATH	
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		24. CAUSE OF DEATH (A) <b>Atelectasis</b> DUE TO (B) DUE TO (C) 	
25. DATE OF OPERATION		26. MAJOR FINDINGS OF OPERATION	
27. ACCIDENT, SUICIDE, HOMICIDE (Specify)		28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		30. TIME (Month) (Day) (Year) (Hour) INJURY	
31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		32. HOW DID INJURY OCCUR?	
33. I hereby certify that I attended the deceased from <b>9-21-</b> , 19 <b>53</b> , to <b>9-21-</b> , 19 <b>53</b> ; that I last saw the deceased alive on <b>9-21-</b> , 19 <b>53</b> , and that death occurred at <b>2:10 P.m.</b> , from the causes and on the date stated above.			
34. SIGNATURE <b>W. L. Heimer</b> M. D.		35. ADDRESS <b>University Hospital</b>	
36. DATE SIGNED <b>9-21-53</b>		37. DATE	
38. NAME OF CEMETERY OR CREMATORY <b>New Cathedral</b>		39. LOCATION (City, town, or county) <b>Baltimore</b> (State) <b>md</b>	
40. FUNERAL DIRECTOR <b>John A. Moran</b>		41. ADDRESS <b>3000 E. Balto. St.</b>	

BOOK

85

STATE OF NEW YORK

CERTIFICATE OF DEATH

1900

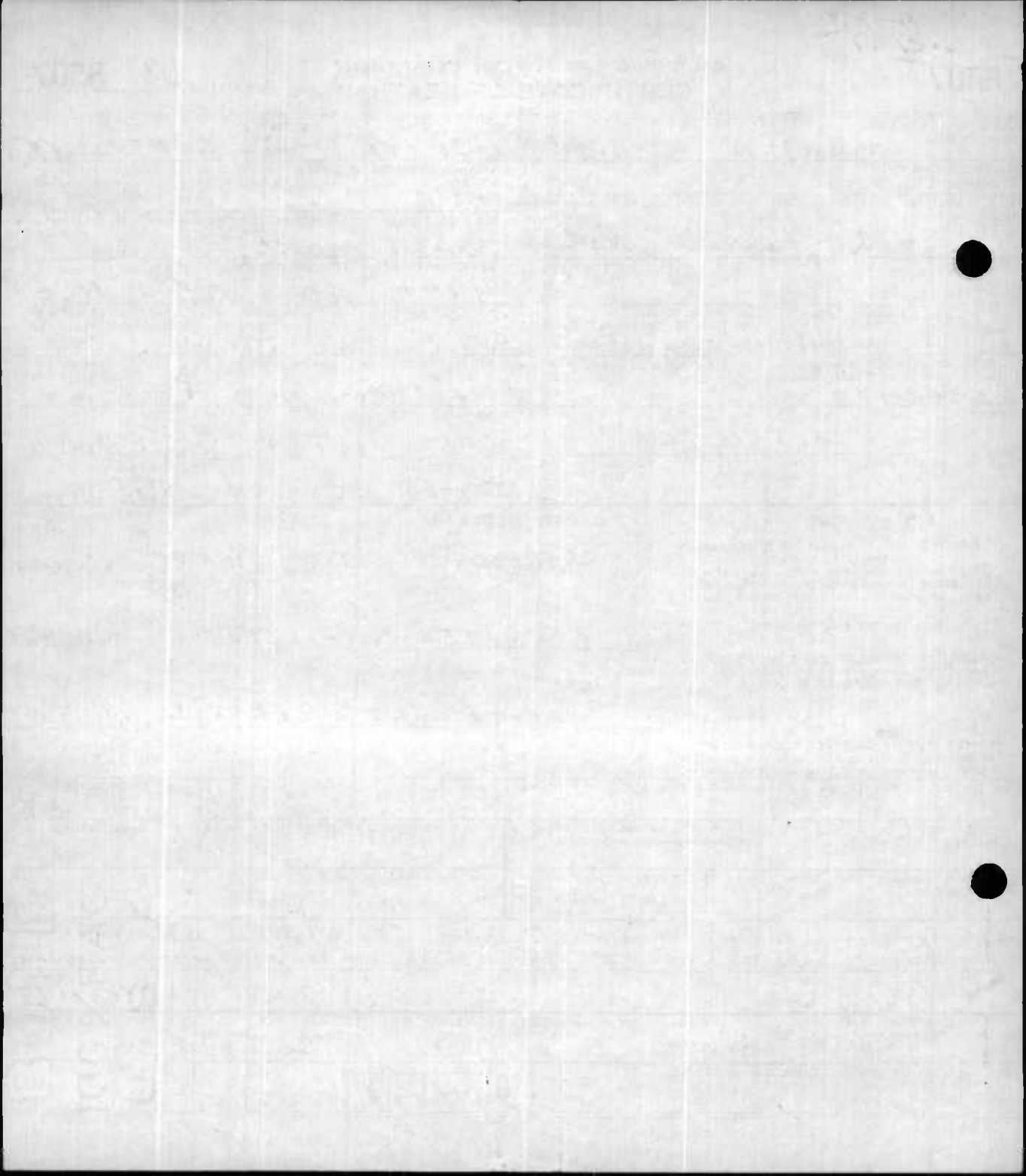


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8507

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8507

NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MARTHA LOUISE ECKMAN		SEPT 21, 1953	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)		A. STATE B. COUNTY	
4120 Hamilton Ave		MD	
Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
77 Yrs. Mos. Days		BALTIMORE	
D. STREET ADDRESS (If rural, give location)		4120 HAMILTON AVE	
SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
F	WHITE	MARRIED	AUG 27, 1876
A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
HOUSEWIFE			77
FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LEWIS COLE		WALBROOK, MD.	USA
WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME
			HENRIETTA GWENN
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		17. INFORMANT ADDRESS	
420.0 and 260X		JAMES ECKMAN 4120 HAMILTON AVE	
CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) ARTERIOSCLEROTIC HEART DISEASE		UNKNOWN	
(B) DIABETES MELLITUS		UNKNOWN	
(C) GLOMERULOSCLEROSIS		UNKNOWN	
19A. DATE OF OPERATION			
19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 15 AUG, 1953, to 21 SEPT, 1953, that I last saw the deceased alive on 3 SEPT, 1953, and that death occurred at 6:40 AM., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
C. B. Cope		112 W 25th ST	
23C. DATE SIGNED		23D. DATE SIGNED	
SEPT 21, 1953		SEPT 21, 1953	
A. BURIAL, CREMATION, REMOVAL (Specify)		24C. NAME OF CEMETERY OR CREMATORY	
24B. DATE		24D. LOCATION (City, town, or county) (State)	
Sept 24-1953		Baltimore	
TE RECEIVED BY CAL REGISTRAR		25. FUNERAL DIRECTOR ADDRESS	
26. REGISTRAR'S SIGNATURE		27. FUNERAL HOME	
28. REGISTRAR'S SIGNATURE		29. FUNERAL HOME	
28. REGISTRAR'S SIGNATURE		29. FUNERAL HOME	





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8508

Registered No.

L-520  
53 8508

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Carl T. Lynch

2. DATE  
OF  
DEATH Sept. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1909 Cecil Ave.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 19, 1895

9. AGE (In years  
last birthday)

58

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of worklog life, even if retired)

Auto Mechanic

10B. KIND OF BUSINESS OR  
INDUSTRY

Auto Repairing

11. BIRTHPLACE (State or foreign country)

Brandon, Vermont

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas F. Lynch

14. MOTHER'S MAIDEN NAME

Harriet Bashau

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mrs. Geo. Dixon

ADDRESS

4033 Lyndale Ave.

18. 581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cirrhosis of the liver

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

11/27/53

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐

NOT WHILE ☐

m.

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/21/53, 1953, to 9/21, 1953, that I last saw the  
deceased alive on 9/21, 1953, and that death occurred at 10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-23-53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

1300 Old Frederick Rd.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 24 1953

Wm. Cook Inc. 1217 St. Paul St.

55083

8028

8028

-540  
8509

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8509

Registered No.

IRTH NO.

NAME OF DECEASED  
(Last, first, middle, or Print)

Miss Anna Florence Connolly

2. DATE  
OF  
DEATH

9/20/53

PLACE OF DEATH:  
Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE B. COUNTY

Maryland Baltimore

FULL NAME OF (If not in hospital or institution, give street address or location)  
SPITAL OR  
STITUTION

Don Secours Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

St. Denis

D. STREET ADDRESS (If rural, give location)

1844 Rolling Road

Length of stay in Baltimore

Yrs.  
Mos.  
Days

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10/7/1876

9. AGE (In years  
last birthday)

76

10. Under 1 Year  
Months Days Hours Min.

11. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

FATHER'S NAME

John T. Connolly

14. MOTHER'S MAIDEN NAME

Mary Louise Loney

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

No

17. INFORMANT ADDRESS N.J.  
Mr. Samuel Gibson - 64 Tuxedo St., Montclair

18. 29020 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Idiopathic Thrombocytopenic Purpura 3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Pernicious Anemia  
(C) Intracerebral Hemorrhage  
Pneumonia

11  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

arterosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from 8/15 1953 to 9/20 1953, that I last saw the  
deceased alive on 9/20 1953, and that death occurred at 9 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert L. Levine M.D.

23B. ADDRESS

Don Secours Hosp

23C. DATE SIGNED

9/20/53

24. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/22/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

25. DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

25. DATE RECEIVED BY  
LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Balto 17, Md.

8019 83

STATE OF NEW YORK  
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death		5. Place of death	
6. Cause of death		7. Manner of death		8. Signature of physician		9. Signature of registrar		10. Signature of informant	
11. Name of informant		12. Address of informant		13. City		14. County		15. State	
16. Name of funeral home		17. Address of funeral home		18. City		19. County		20. State	
21. Name of cemetery		22. Address of cemetery		23. City		24. County		25. State	
26. Name of burial place		27. Address of burial place		28. City		29. County		30. State	
31. Name of funeral home		32. Address of funeral home		33. City		34. County		35. State	
36. Name of cemetery		37. Address of cemetery		38. City		39. County		40. State	
41. Name of burial place		42. Address of burial place		43. City		44. County		45. State	
46. Name of funeral home		47. Address of funeral home		48. City		49. County		50. State	
51. Name of cemetery		52. Address of cemetery		53. City		54. County		55. State	
56. Name of burial place		57. Address of burial place		58. City		59. County		60. State	
61. Name of funeral home		62. Address of funeral home		63. City		64. County		65. State	
66. Name of cemetery		67. Address of cemetery		68. City		69. County		70. State	
69. Name of burial place		70. Address of burial place		71. City		72. County		73. State	
74. Name of funeral home		75. Address of funeral home		76. City		77. County		78. State	
79. Name of cemetery		80. Address of cemetery		81. City		82. County		83. State	
84. Name of burial place		85. Address of burial place		86. City		87. County		88. State	
89. Name of funeral home		90. Address of funeral home		91. City		92. County		93. State	
94. Name of cemetery		95. Address of cemetery		96. City		97. County		98. State	
99. Name of burial place		100. Address of burial place		101. City		102. County		103. State	

8510

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8510

IRTH NO.

NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence  
STATE COUNTY before admission)FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Length of stay in Baltimore

Yrs.  
Mos.  
Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

FATHER'S NAME

14. MOTHER'S MAIDEN NAME

13. WAS DECEASED EVER IN U. S. ARMED FORCES  
(If yes, give year or date of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Sept 1953, to 21 Sept 1953, that I last saw the  
deceased alive on 21 Sept 1953, and that death occurred at 2:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

8278

8278

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	



C-530 8511 51-13682		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		X Registered No. 53 8511	
RTH NO. 51-13682		NAME OF DECEASED (Type or Print) Joan Elizabeth Conti		2. DATE OF DEATH 9-21-53	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore			
FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joppa			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) old Joppa Rd.			
SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 19, 1953	9. AGE (In years last birthday) 2 yrs.	If Under 1 Year Months: Days: Hours: Min.
A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
FATHER'S NAME Angelo A. Conti		12. CITIZEN OF WHAT COUNTRY? USA.			
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Father	
		14. MOTHER'S MAIDEN NAME Mary Connors		ADDRESS old Joppa Rd. Joppa, Md.	
18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) pneumonia, bilateral DUE TO  (B) DUE TO  (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) (Minute) OCT 1 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-19, 1953, to 9-21, 1953, that I last saw the deceased alive on 9-21, 1953, and that death occurred at 100 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Marjorie H. Hendry		23B. ADDRESS M. D. Union Memorial Hosp.		23C. DATE SIGNED 9-21-53	
A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 24, 1953		24C. NAME OF CEMETERY OR CREMATORY St. John's	
24D. LOCATION (City, town, or county) (State) Long Green Md.		25. FUNERAL DIRECTOR Joseph F. Conti		ADDRESS Bel air, Md.	
DATE RECEIVED BY CAL REGISTRAR 9-22-53		REGISTRAR'S SIGNATURE 1953 0000			
VS 150					

MINISTRE DU SÉCRÉTARIAT GÉNÉRAL  
CENTRE DE DÉCÈS

CAUSE DE DÉCÈS

53

E 262

8512

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8512

1. NAME OF DECEASED (Type or Print) <b>BERNARD</b>		2. DATE OF DEATH <b>9-21-53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Louisiana</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johns Hopkins Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>New Orleans</b>	
c. Length of stay in Baltimore <b>not known</b>		D. STREET ADDRESS (If rural, give location) <b>3214 Calouette St.</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Oct. 5, 1909</b>
10A. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <b>cook</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Steamship Co.</b>	9. AGE (in years last birthday) <b>43</b>
11. BIRTHPLACE (State or foreign country) <b>New Orleans, La.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Willie Eggerson</b>		14. MOTHER'S MAIDEN NAME <b>Sophronia Carter</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>George Llopis, New Orleans, La.</b>		ADDRESS	

18. **E 851X and 322.0**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Drowning**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Acute Alcoholism**

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Pulmonary Edema**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  
**harbor**21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  
**found at foot of Ann Street**21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  
**9-21-53 3:00 A.**21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒21F. HOW DID INJURY OCCUR?  
**apparently fell from ship to harbor**

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
**9-21-53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N 990X

75455

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SEP 12

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

-620

53 8513

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8513  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

JAMES V BROOKS

2. DATE  
OF  
DEATH

9/22/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
SPITAL OR  
STITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  
A. STATE B. COUNTY

Md.

BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 27-19

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

4424 WICKFORD RD. #10

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

FEB. 27, 1890

9. AGE (In years  
last birthday)

63

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

Pres. Brooks Elec. Supply Co.

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF  
WHAT COUNTRY?

USA

FATHER'S NAME

JOHN BROOKS

M.

14. MOTHER'S MAIDEN NAME

ELLA LOAD

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Jas. V. Brooks 4424 Wickford Road

18. 204.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Leukemia, Myelogenous

65 da

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐

NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 9/22, 1953 that I last saw the  
deceased alive on 9/22, 1953, and that death occurred at 9:00 am., from the causes and on the date stated above.

23A. SIGNATURE

Harry B. Scott

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

9/22/53

A. BURIAL, CREMA-  
N, REMOVAL (Specify)

Burial

24B. DATE

9/24/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

TE RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

W. H. Mears & Son 505 N. Calvert St.





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

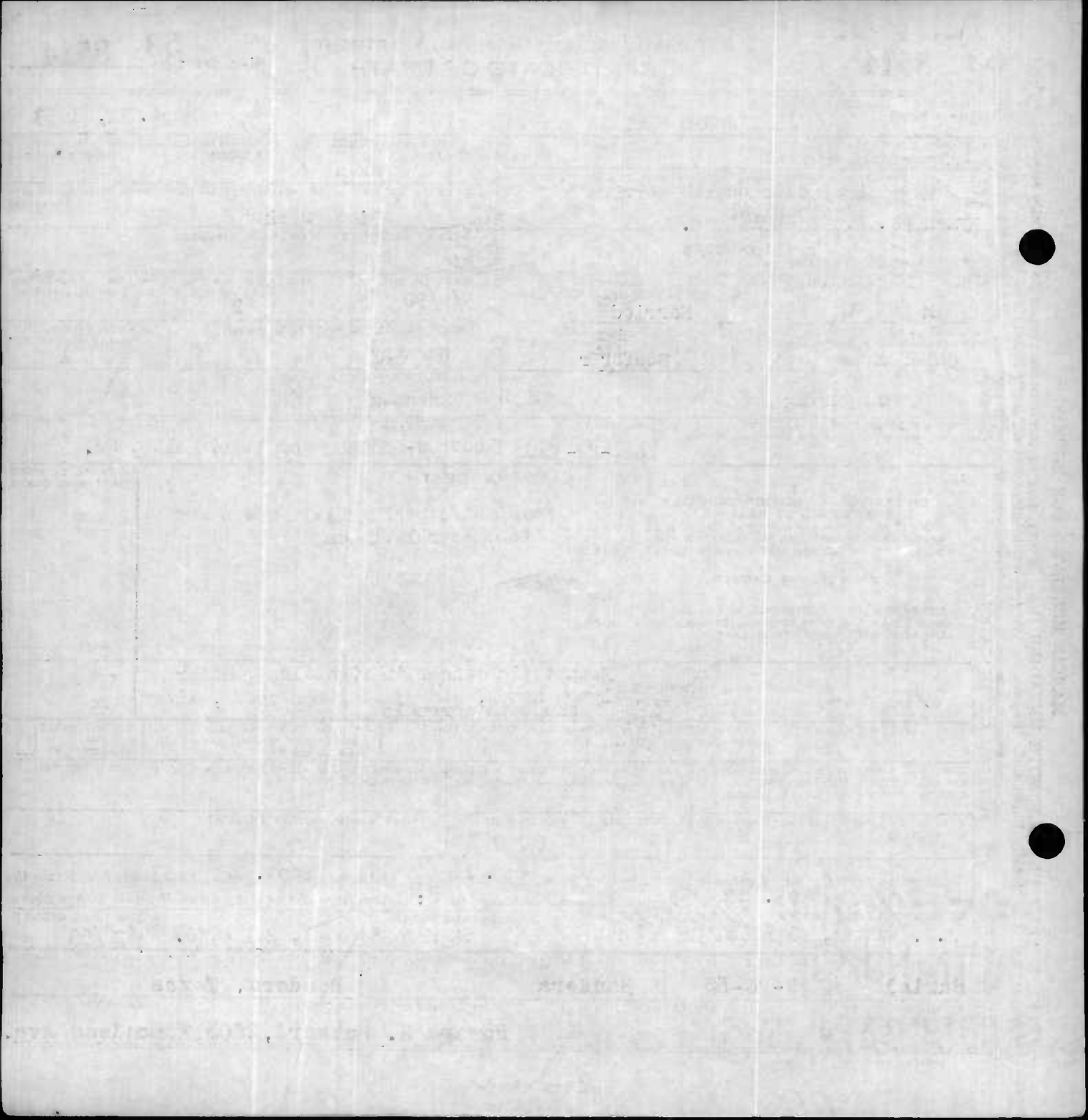
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. **53 8514**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ALBERT JOHAN MITTAG</b>		2. DATE OF DEATH <b>Sept. 22, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Texas</b> B. COUNTY <b>V-40</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>US Public Health service Hospital</b> <b>Wyman pk. Drive &amp; 31st st.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Pipe creek</b>	
c. Length of stay in Baltimore <b>? 39 days</b>		D. STREET ADDRESS (If rural, give location)	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9/4/90</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chief mate</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Seafarer</b>	9. AGE (In years last birthday) <b>62</b>
11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Max Mattag</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>?</b>		16. SOCIAL SECURITY NO. <b>451-22-3541</b>	
17. INFORMANT <b>Records- US PHS Hospital, Balto, Md.</b>		ADDRESS	
18. <b>162X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Neoplastic pericarditis secondary to cancer left lung</b>		INTERVAL BETWEEN ONSET AND DEATH <b>? mos</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Metastatic cancer in right lung, hilar lymph nodes, abdominal lymph nodes, liver and both adrenals.</b>		(A) DUE TO (B) DUE TO (C) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19A. DATE OF OPERATION <b>Aug. 14, 1953</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <b>IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II</b>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <input type="checkbox"/>		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <input type="checkbox"/>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>Aug. 14, 1953</b> , to <b>Sept. 22, 1953</b> that I last saw the deceased alive on <b>Sept. 22, 1953</b> and that death occurred at <b>8:45 Am.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>J.A. Hunter, Clinical Director</b>		23B. ADDRESS <b>US PHS Hospital, Balto, Md.</b>	
23C. DATE SIGNED <b>9/22/53</b>		23D. LOCATION (City, town, or county) (State) <b>Bandera, Texas</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9-26-53</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Bandera</b>		24D. LOCATION (City, town, or county) (State) <b>Bandera, Texas</b>	
25. FUNERAL DIRECTOR <b>Howard H. Hubbard, 2503 Edmondson Ave.</b>		ADDRESS	

24055



1-620

8515

TH NO.

CERTIFICATE AMENDED 9/29/53 ES  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8515

NAME OF DECEASED  
(Name or Print)

Abraham Harris.

2. DATE  
OF  
DEATH

9/22/53

PLACE OF DEATH:

Baltimore City, Maryland L.H.

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Lutheran Hospital of Mt.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

USA

COUNTY

C. CITY OR TOWN (If outside corporate limits, write R.R.A.L. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4010 Hilton Road

Length of stay in Baltimore

Life

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M.

W.

Widowed

8. DATE OF BIRTH

July 23, 1888

9. AGE (in years last birthday)

65

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10. USUAL OCCUPATION (Give kind of occupation most of working life, even if retired)

clock

10B. KIND OF BUSINESS OR INDUSTRY

Krauss Co

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

FATHER'S NAME

Morris

14. MOTHER'S MAIDEN NAME

Janice

13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

I

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Sonia Harris, Hilton Road 4010

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A) Generalized plastic peritonitis.  
DUE TO  
(B) Perforated viscus - probably peptic ulcer.  
DUE TO  
(C)

INTERVAL BETWEEN ONSET AND DEATH

one day

19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  
9/22/53 Generalized plastic peritonitis YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

No

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ OR NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/21/53, 19, to 9/22/53, that I last saw the deceased alive on 9/22, 1953, and that death occurred at 5:55 PM from the causes and on the date stated above.

23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED  
Dr. Stephen Hayden M.D. Lutheran Hospital 9/22/53

24. BURIAL, CREMATION, OR REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  
Burial 9-20-53 Hebrew Friendship Balto, Md

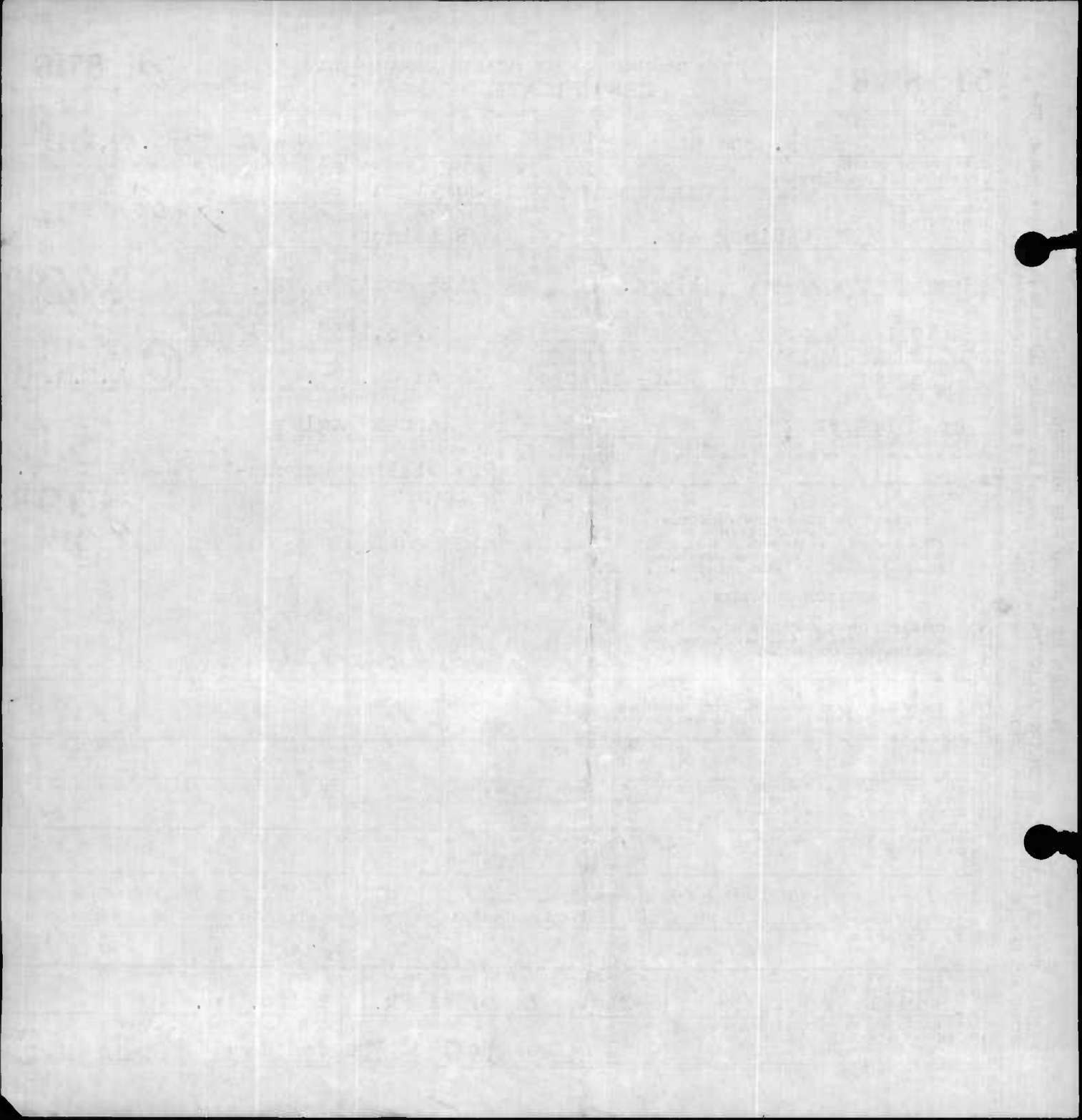
25. RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS  
CAL REGISTRAR REGISTRAR'S SIGNATURE 2100 Canton Pl

VS 150

390 4G

See query reply in Document file

BALTIMORE CITY HEALTH DEPARTMENT				53 8516		Registered No. 53 8516	
BIRTH NO.							
1. NAME OF DECEASED (Type or Print) John B. Bowler				2. DATE OF DEATH Sept. 19, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2525 Madison Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 13 yrs.				D. STREET ADDRESS (If rural, give location) 2525 Madison Ave.			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 25, 1859	9. AGE (In years last birthday) 93	10. Under 1 Year Months: Days		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10B. KIND OF BUSINESS OR INDUSTRY Self-Employed		11. BIRTHPLACE (State or foreign country) Essex Co. Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Bowler				14. MOTHER'S MAIDEN NAME Hannah Bagley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Mrs William Harcum-2525 Madison Ave.		
18. 434.3 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Acute Gastritis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) Cardiac Decompensation (C) Cardiac Failure II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Senility				INTERVAL BETWEEN ONSET AND DEATH 4 hours			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-19-1952, to 9-19-1952, that I last saw the deceased alive on 9-19-1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.							
23A. SIGNATURE Wm R Boykin				23B. ADDRESS 1133 N. Monmouth		23C. DATE SIGNED 9/23/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/23/53		24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Pk.		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 23 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Doan and Funeral Home		ADDRESS 1631 Ave Druid Hill	





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 8517**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**John Smith**

2. DATE  
OF  
DEATH

**Sept. 19, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**2225 Divison Street**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)

**2225 Divison Street**

C. Length of stay in Baltimore

**45 Yrs.**

Yrs.  
Mos.  
Days

5. SEX

**Male**

6. COLOR OR RACE

**Colored**

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**Sept 28, 1882**

9. AGE (In years last birthday)

**70**

If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Butler**

10B. KIND OF BUSINESS OR INDUSTRY

**Private Family**

11. BIRTHPLACE (State or foreign country)

**Essex Co. Virginia**

12. CITIZEN OF WHAT COUNTRY?  
**U.S.A.**

13. FATHER'S NAME

**Horace Smith**

14. MOTHER'S MAIDEN NAME

**Elizabeth Williams**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Mrs. Clara Smith-2225 Divison St.**

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

**Crown Aneurysm**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9/16**, 19**53**, to **9/19**, 19**53**, that I last saw the deceased alive on **9/19**, 19**53**, and that death occurred at **2:15** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**9/23/53**

24C. NAME OF CEMETERY OR CREMATORY

**Arbutus Mem. Pk.**

24D. LOCATION (City, town, or county)

**Balto. MD.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**SEP 23 1953**

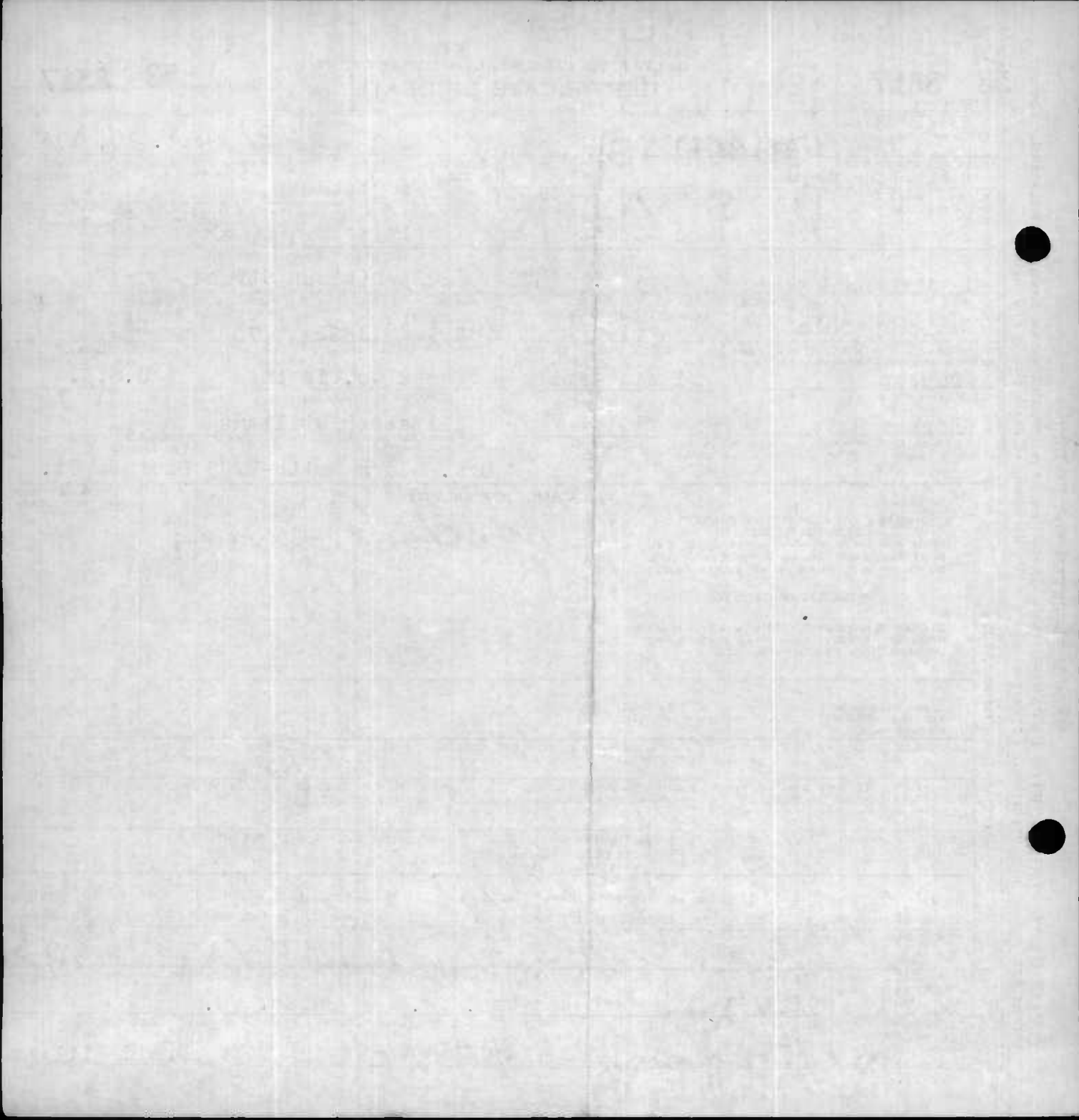
**Holland Funeral Home 1631 Druid Hill Ave**

VS 150

**7208A**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 F. 620 8518

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8518

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CLIFTON E FROCK

2. DATE  
OF DEATH

Sept 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1454 W. 36th St.

C. CITY OR TOWN

Balto.

(If outside corporate limits, write TOWNSHIP and give township)

D. STREET ADDRESS (If rural, give location)

1454 W. 36th St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 9, 1882

9. AGE (In years last birthday)

71

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoe Repairer

10B. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Edith J. Bubb 1454 W. 36th St.

18. 420.1 and 177X  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

(B)

Chronic Myocarditis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

Sudden

?

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of prostate

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1953, to 9-21, 1953, that I last saw the deceased alive on 9-21, 1953, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Neuman

23B. ADDRESS

846 W. 36th St.

23C. DATE SIGNED

9-22-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/25/53

24C. NAME OF CEMETERY OR CREMATORY

Manchester Reform

24D. LOCATION (City, town, or county)

Manchester, Md.

DATE RECEIVED BY LOCAL REGISTRAR

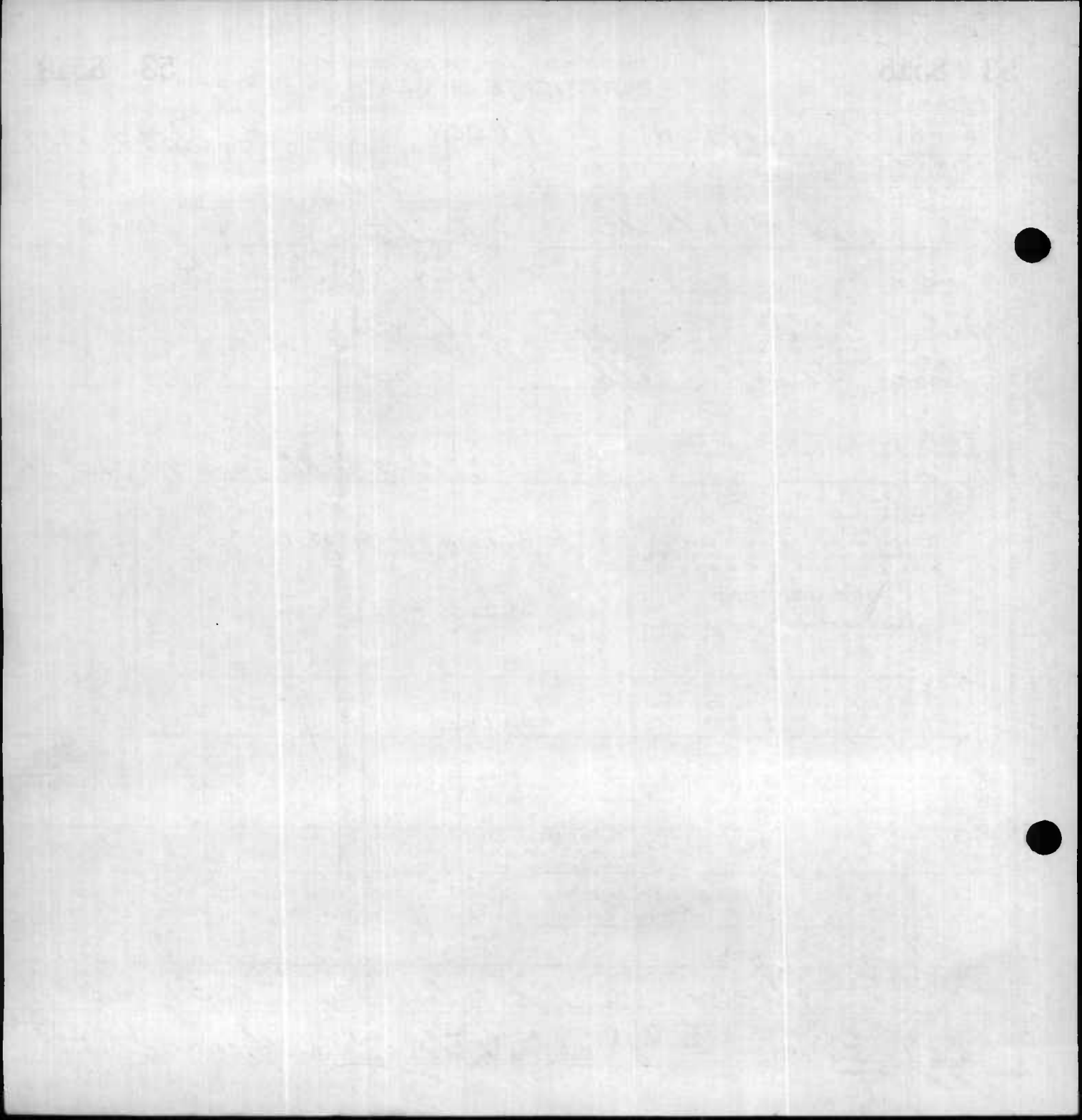
REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

3615-176 Chestnut



-563

8519

IRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8519

NAME OF DECEASED  
(Type or Print)

LESSIE V. LENHARD

2. DATE  
OF  
DEATH

9/22/53

PLACE OF DEATH:  
Baltimore City, MarylandFULL NAME OF  
(If not in hospital or institution, give street address or  
location)

Union Memorial Hosp.

Length of stay in Baltimore

Life

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

FATHER'S NAME

Frederick Wm. Lenhard

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

no

8. DATE OF BIRTH

1/9/1893

9. AGE (In years  
last birthday)

60

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

11. BIRTH PLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Mary L. Pruett

17. INFORMANT

Hosp. record

ADDRESS

18. 170X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Generalized metastasis  
from carcinoma of breast -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Essential hypertension

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/19/53 to 9/22/53 that I last saw the  
deceased alive on 9/22/53 and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Carle E. Spencer Jr.

M. D.

23B. ADDRESS

UMH

23C. DATE SIGNED

9/22/53

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/25/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

TE RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. E. Lickner &amp; Sons

ADDRESS

Barto. 17, Md.

SEP 23 1953





W-325  
8520BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8520

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Bertha C. Woodson

2. DATE  
OF  
DEATH

Sept. 19, 1953

PLACE OF DEATH:  
Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

A. STATE

B. COUNTY

FULL NAME OF (If not in hospital or institution, give street address or location)  
SPITAL OR  
STITUTION

1312 N. Stricker St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

15-01

Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

1312 N. Stricker St.

SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 24, 1896

9. AGE (In years  
last birthday)

57

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Essex Co., Va.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

FATHER'S NAME

Joseph Croxton

14. MOTHER'S MAIDEN NAME

Alice

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Gilbert Woodson 1312 N. Stricker St.

ADDRESS

18. 422.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cardio Vascular Disease 1 yr

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/16, 1953 to 9/19, 1953 that I last saw the  
deceased alive on 9/18, 1953 and that death occurred at 9:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

W. Alwell Jones

M. D.

23B. ADDRESS

554 Dolphin St

23C. DATE SIGNED

9/21/53

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

9/23/1953

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial

24D. LOCATION (City, town, or county) (State)

Arbutus Memorial

TE RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

The Robert Williams &amp; Schroeder

8508

DEPARTMENT OF HEALTH

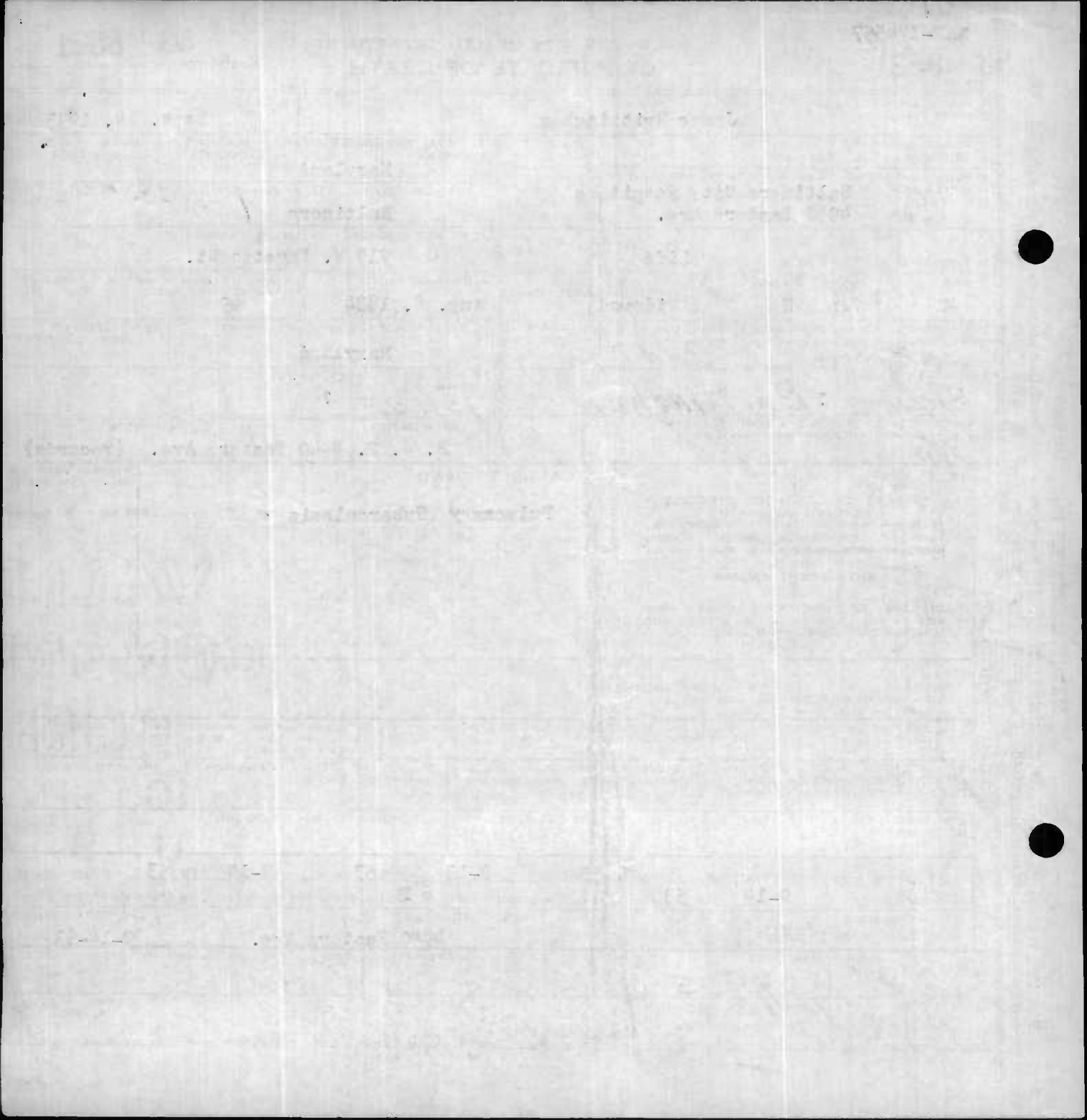
CERTIFICATE OF DEATH

1

2

3

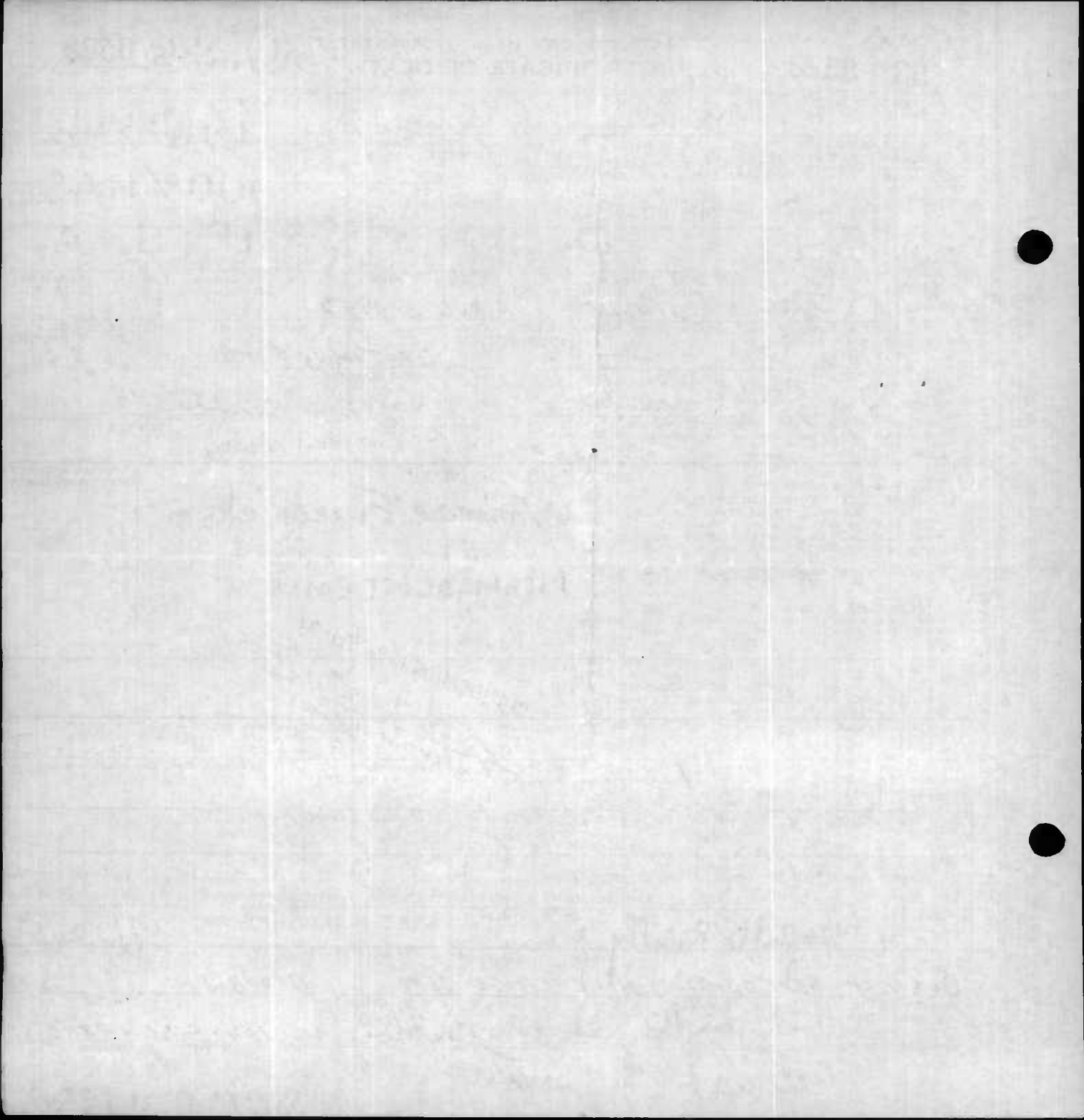




MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Baltimore City Health Department									
53 8522-18085 CERTIFICATE OF DEATH									
Registered No. 53 8522									
BIRTH NO. 53 8522-18085									
1. NAME OF DECEASED (Type or Print)					2. DATE OF DEATH				
William A Chavis Jr.					Sept 21 1953				
3. PLACE OF DEATH:					4. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission)				
A. Baltimore City, Maryland					B. STATE				
B. FULL NAME OF (If not in hospital or institution, give street address or location)					C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
331 Johns Hopkins Hospital					1 Baltimore 2-02				
c. Length of stay in Baltimore					D. STREET ADDRESS (If rural, give location)				
LIFE Yrs. Mos. Days					1707 E. Lombard St.				
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
male		White		SINGLE		Aug 3 1953		1 19	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)					10B. KIND OF BUSINESS OR INDUSTRY				
CHILD					—				
13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME				
William A Chavis Sr.					Agnes Maltrotti				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)					16. SOCIAL SECURITY NO.				
No					NONE				
17. INFORMANT					ADDRESS				
JOHNS HOPKINS HOSPITAL					✓				
18. CAUSE OF DEATH									
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)									
(A) Waterhouse-Friedrichsen									
DUE TO									
(B) Meningococcemia									
DUE TO									
(C)									
INTERVAL BETWEEN ONSET AND DEATH									
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
CERTIFICATION APPROVED BY									
Joseph A. Gashings M.D.									
ASST. MEDICAL EXAMINER.									
19A. DATE OF OPERATION					19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				
2					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)					21B. PLACE OF INJURY (about home, farm, factory, street, office, etc.)				
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>					21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 9/21, 1953 to , 19 , that I last saw the deceased alive on 9/21, 19 , and that death occurred at 10:45 P.M., from the causes and on the date stated above.									
23A. SIGNATURE					23B. ADDRESS				
Margaret D Bailey					JOHNS HOPKINS HOSPITAL				
M. D.					23C. DATE SIGNED				
24A. BURIAL, CREMATION, REMOVAL (Specify)					24B. DATE				
BURIAL					SEPT 23-1953				
24C. NAME OF CEMETERY OR CREMATORY					24D. LOCATION (City, town, or county)				
HOLY CROSS CEM.					BROOKLYN MD				
DATE RECEIVED BY LOCAL REGISTRAR					25. FUNERAL DIRECTOR ADDRESS				
Huntington, William M.					1000 E LOMBARD ST.				
Released to hospital									





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8523  
Registered No. 53 8523

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

VERNA P. PALMER

2. DATE  
OF DEATH

Sept 23 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1417 Kenwood Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Greenup, Kentucky

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 260X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

30 min

10 yr.

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 19 53, to Sept 23, 19 53, that I last saw the deceased alive on Sept 22, 19 53, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

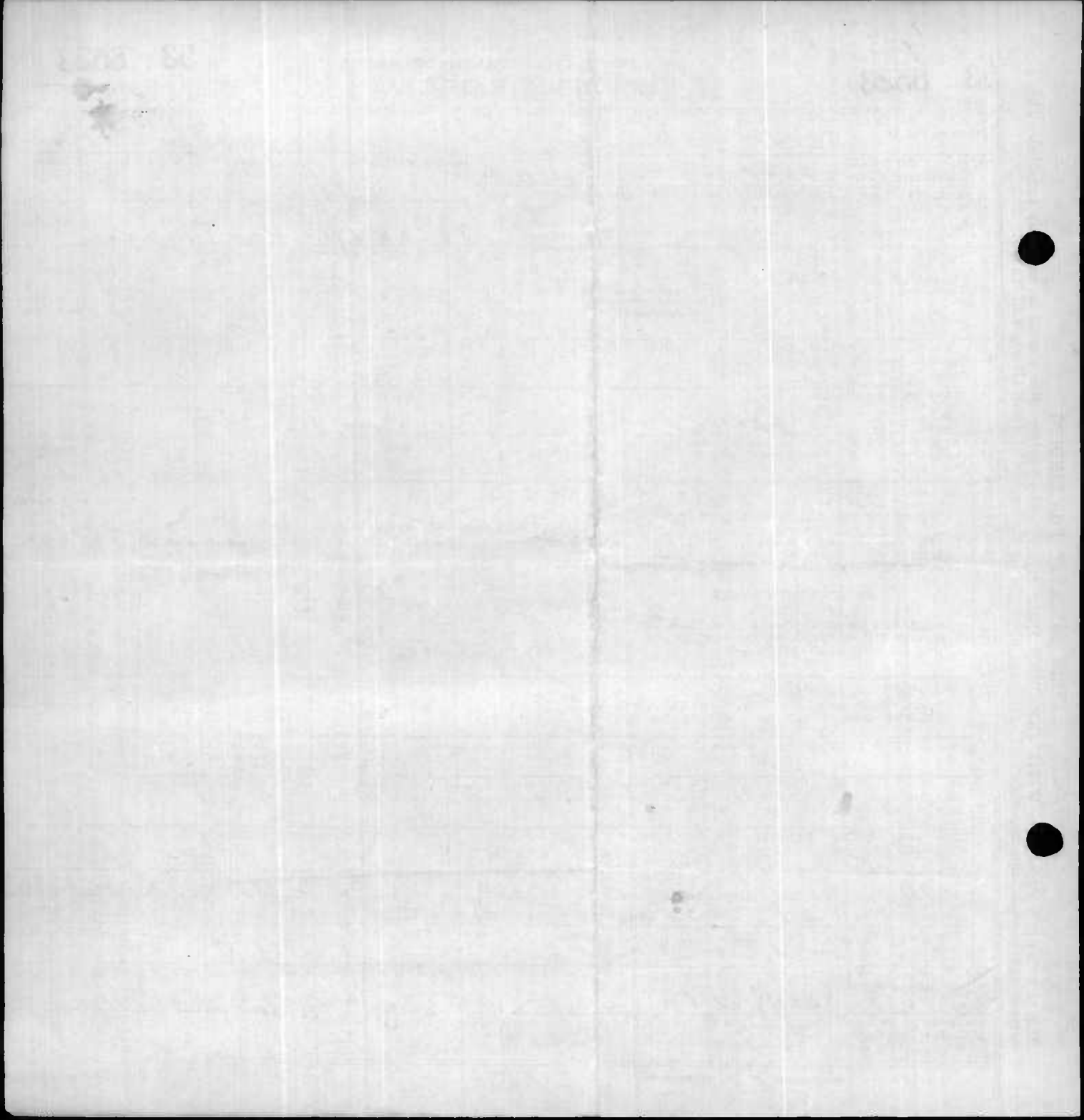
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8524  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MORRIS VOGEL - (ALIAS JOSEPH MORRIS)

2. DATE  
OF  
DEATH

9/23/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

SINAI HOSP OF BALTO INC

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

township)

Hagerstown

D. STREET ADDRESS (If rural, give location)

COLONIAL HOTEL - HAGERSTOWN MD

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

1900

9. AGE (In years

last birthday)

53

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR  
INDUSTRY

Installment

11. BIRTHPLACE (State or foreign country)

New York N.Y.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Eli

14. MOTHER'S MAIDEN NAME

Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Maurice Kling

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

CARCINOMATOSIS

DUE TO

ANTECEDENT CAUSES

(B)

Ca Stomach

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1953

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

Ca Stomach

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 1953, to 9/23, 1953, that I last saw the  
deceased alive on 9/22, 1953, and that death occurred at 6:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Howard N. Rosenthal

M. D.

23B. ADDRESS

Sinai Hosp of Balto

23C. DATE SIGNED

9/23/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-23-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Balto, Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mr. Jack Lewis

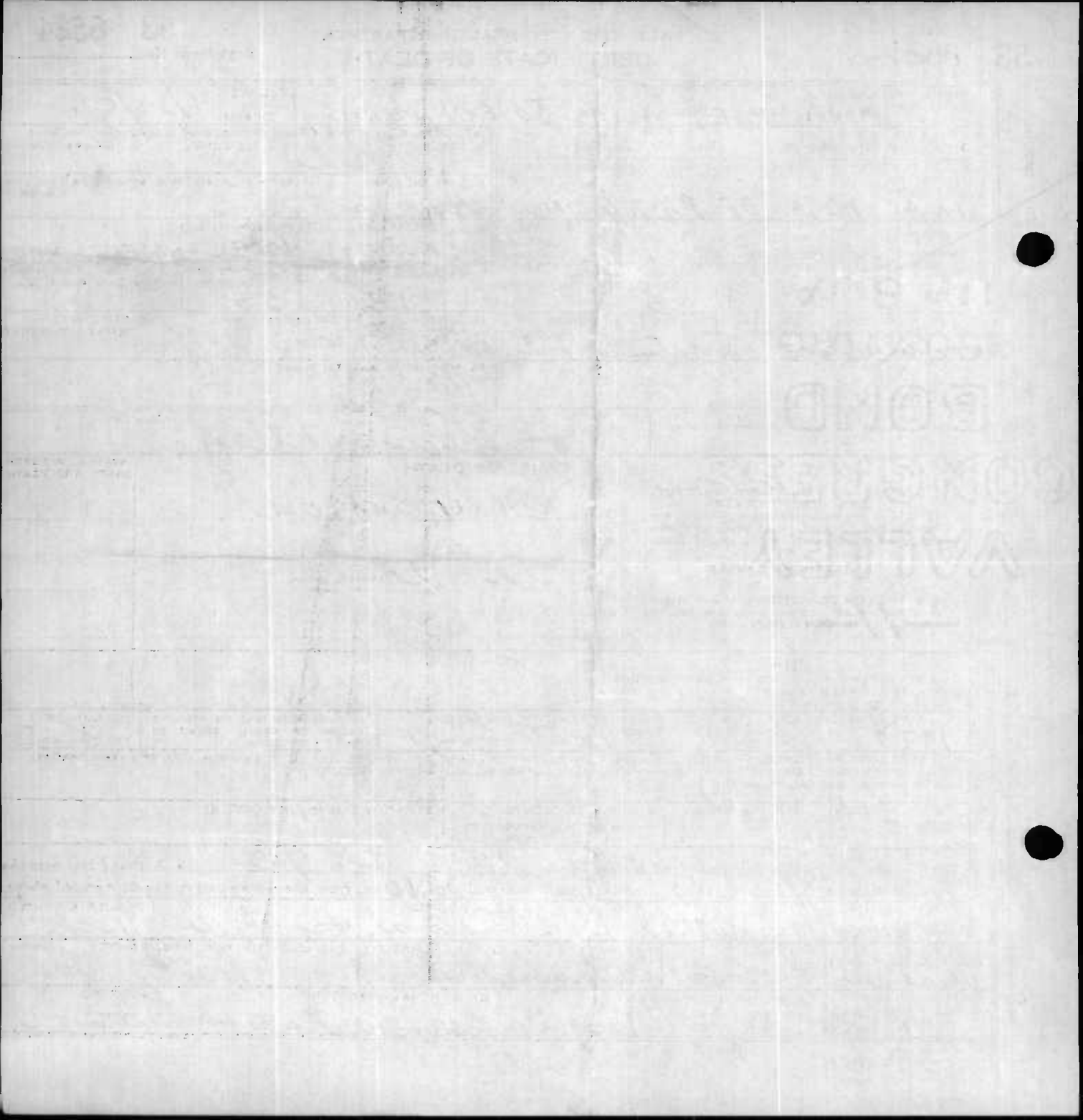
ADDRESS

2100 Canton Pl

VS 150

SEP 23 1953

49071



Medical Examiner's Case To be approved.

200  
3 8624

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8624  
Registered No.

TH NO.

NAME OF DECEASED  
(Please Print)

Charles Henry Gewecke

2. DATE  
OF  
DEATH

9-27-53.

PLACE OF DEATH:

Baltimore City, Maryland Baltimore

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR UNION Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Ma. Baltimore 27-05

D. STREET ADDRESS (If rural, give location)

3028 Glenmore Ave 14.

Length of stay in Baltimore  
Yrs. Mos. Days

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

9. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)  
Retired Laundryman

8. DATE OF BIRTH 9. AGE (In years last birthday) 10. Under 1 Year 11. Under 24 Hours

MAR. 29-1886 23 Months Days Hours Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

Balt. Md. America

FATHER'S NAME  
Anna Gewecke

14. MOTHER'S MAIDEN NAME  
Elizabeth Koerner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  
Yes. Sp. Amer War

16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  
215-10-8907 Mrs. J. R. Rossing - 1207 Windemere

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
443X and E 903.0

CAUSE OF DEATH  
INTERVAL BETWEEN ONSET AND DEATH

(A) Pulmonary edema

DUE TO

(B) Hypert. C. V. Disease

DUE TO

(C)

CERTIFICATION APPROVED BY  
W. H. H. M.D.  
PHYSICIAN OR ASST. MEDICAL EXAMINER

ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fracture of both Tibiae + Fibulae

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 21F. HOW DID INJURY OCCUR?  
1/27/53 m. home 3028 Glenmore Ave. Fall to floor

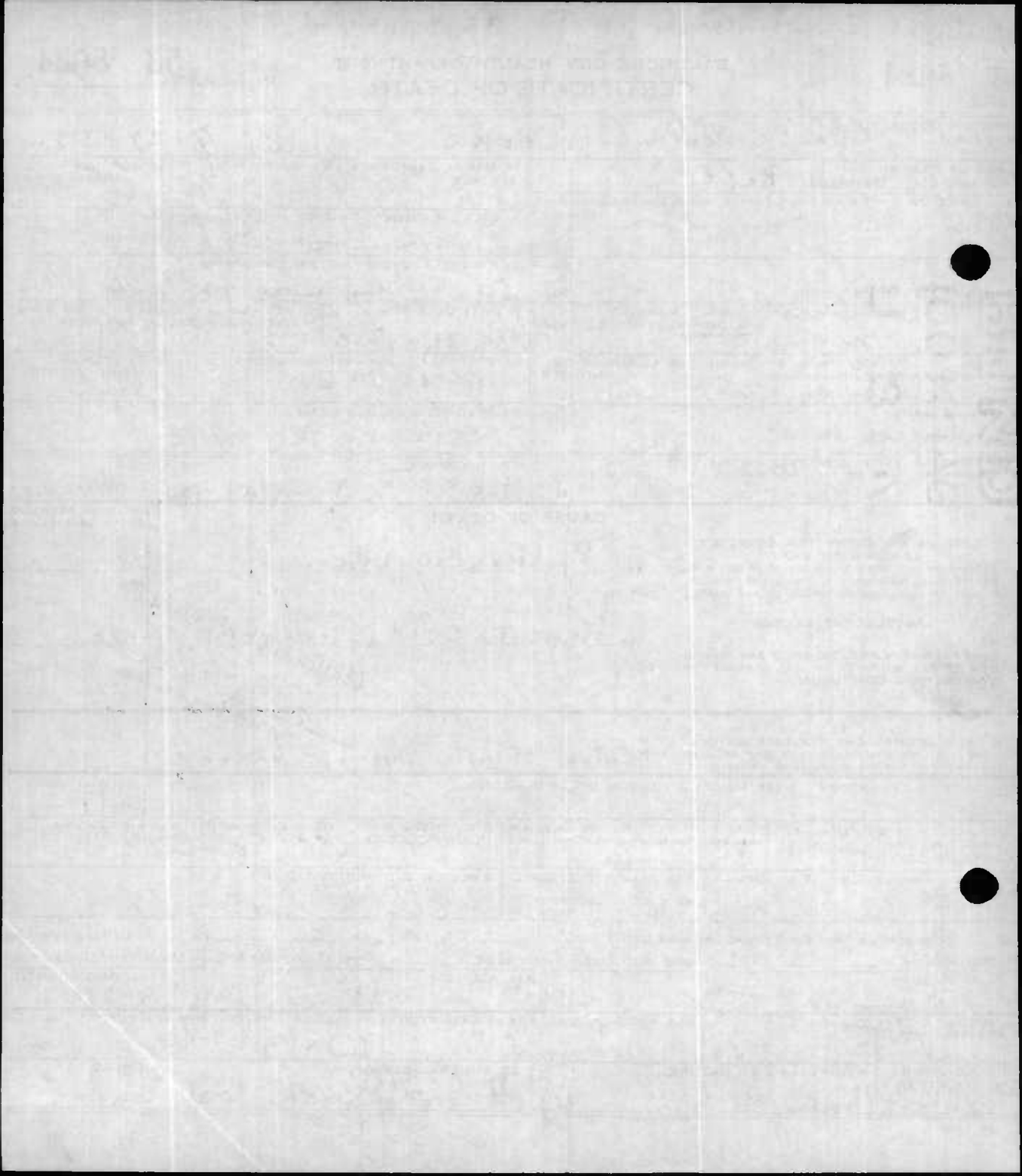
22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED  
W. H. H. W. H. H. 9-27-53

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

Burial 5-30-1953 Parkwood Cem Balt Md 25. FUNERAL DIRECTOR ADDRESS  
EP 281953 Huntington Williams, 322 Leonard St 5305 Bayford

VS 150 N823.0 290 FC





G-320  
53 8525BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8525

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>HENRY GETTIG</b>		2. DATE OF DEATH <b>9/22/53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Chase Home &amp; Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 5254</b>	
c. Length of stay in Baltimore <b>78</b> Yrs. <b>None</b> Days		D. STREET ADDRESS (If rural, give location) <b>Box 428 Route 13 River view Rd.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>Nov. 6, 1875</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Elec Contractor</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Conrad Gettig</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Chase Home &amp; Hospital</b>		ADDRESS	

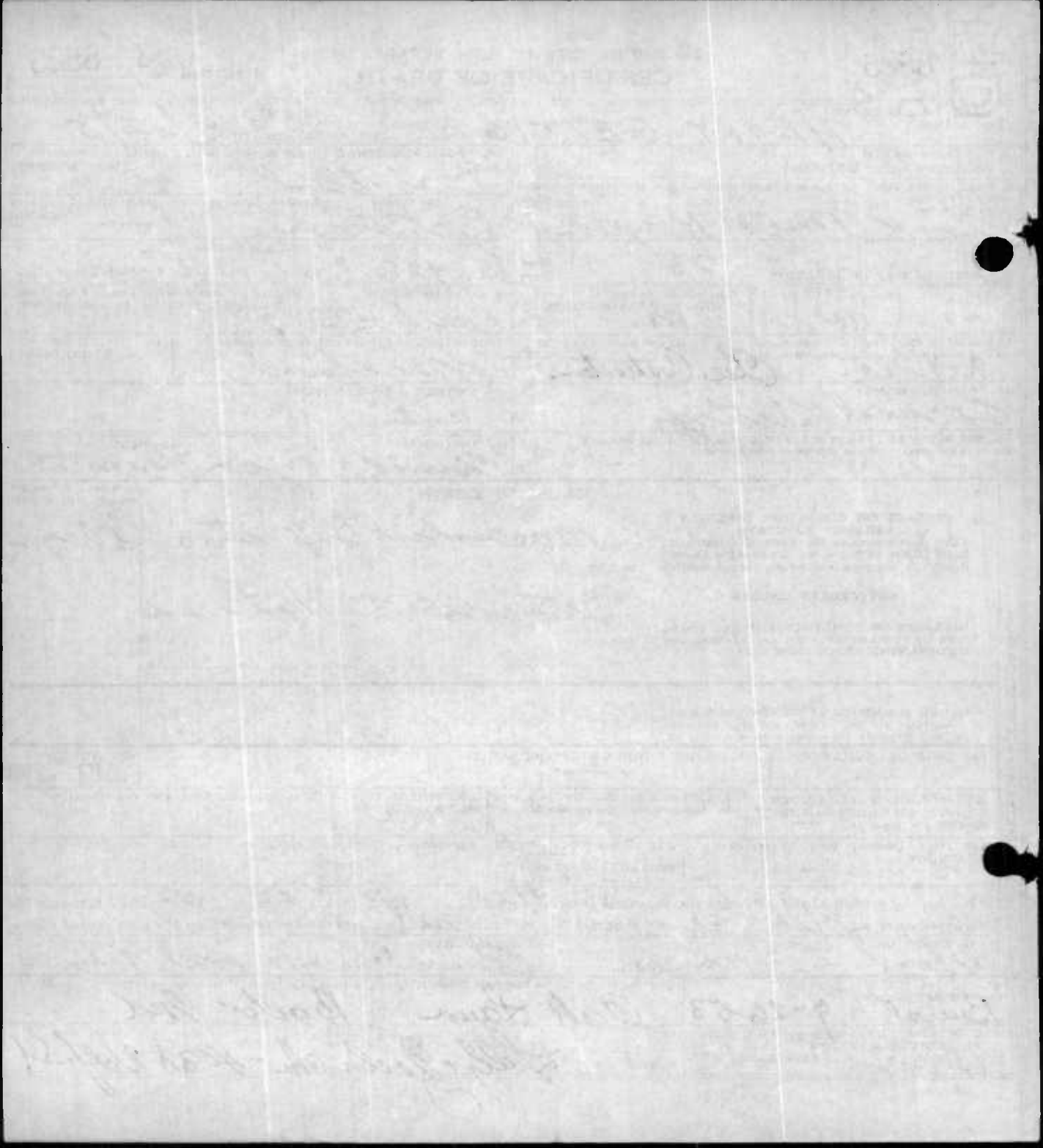
18. <b>420.0 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial Infarction</b> DUE TO <b>Arteriosclerotic Heart Disease</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9/22**, 19**53**, to **9/22**, 19**53**, that I last saw the deceased alive on **9/22**, 19**53**, and that death occurred at **7:20 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE **David F. Dawson** M. D. 23B. ADDRESS **Chase Home & Hospital** 23C. DATE SIGNED **9/23/53**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9-26-53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn</b>	24D. LOCATION (City, town, or county) (State) <b>Balto-Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 23 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b> 25. FUNERAL DIRECTOR <b>Wm. J. Glick</b> ADDRESS <b>403 S. W. St.</b>	



M-325  
53 8526BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8526

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Mary Madsen		2. DATE OF DEATH 9/21/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 34 Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-05	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2539 Ashton St. Balto 25, Md.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4/18/1890
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical nurse		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) 63
11. BIRTHPLACE (State or foreign country) Balto		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Walter Cornelius		14. MOTHER'S MAIDEN NAME Sarah Williams	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Alice White (daughter)		ADDRESS Same	

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH I Peritonitis (A) ..... DUE TO (B) ..... DUE TO Carcinoma of sigmoid (C) .....	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION Sep 2-1953	19B. MAJOR FINDINGS OF OPERATION Carcinoma of Recto-sigmoid Junction	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/24/53, 1953, to 9/21, 1953, that I last saw the deceased alive on 9/21, 1953, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE David R. Martin	23B. ADDRESS M. D. Bon Secours Hospital	23C. DATE SIGNED 9/21/53
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24A. BURIAL, CREMATION, REMOVAL (Specify) removal	24B. DATE 9-25-53	24C. NAME OF CEMETERY OR CREMATORY Garden of Memories, Inc	24D. LOCATION (City, town, or county) (State) Tampa, Florida
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DATE RECEIVED BY LOCAL REGISTRAR SEP 23 1953	REGISTRAR'S SIGNATURE David R. Martin	25. FUNERAL DIRECTOR David R. Martin	ADDRESS 1902 Eutaw Place
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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered **53** 8527

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Elena Georgia Wickett*

2. DATE  
OF  
DEATH

*9/22/53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)  
A. STATE *Maryland* B. COUNTY *Baltimore City*

5. FULL NAME OF HOSPITAL OR INSTITUTION *Mount Sinai Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore*

c. Length of stay in Baltimore

6. COLOR OR RACE *W*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Married*

8. DATE OF BIRTH

9. AGE (In years last birthday) *65* 10. Under 1 Year *3* 11. Under 24 Hours *7*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY *Home*

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY? *US*

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *No*

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS *908 E. ...*

18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

*Ventricular Fibrillation*

INTERVAL BETWEEN ONSET AND DEATH

*18 hr*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

*Coronary Occlusion*  
*Arteriosclerosis*

*20 days*  
*Underlying*

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ AT HOME ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept 15*, 19*53* to *9/22*, 19*53* that I last saw the deceased alive on *9/22*, 19*53* and that death occurred at *6:15* am, from the causes and on the date stated above.

23A. SIGNATURE

*David T. Rees*

M. D.

23B. ADDRESS

*Mount Sinai Hospital*

23C. DATE SIGNED

*9/22/53*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

*Sept. 25, 1953*

*Druid Ridge*

*Pikesville,*

*Md.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*SEP 23 1953*

*Huntington Williams, Jr.*

*John C. Mitchell*

*1900 Eutaw Place*

MEDICAL CERTIFICATION

1508

1508





W-245  
53 8528  
BIRTH NO. 53-22978

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8528  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>BABY GIRL WICKLEIN</b>			2. DATE OF DEATH <b>SEPT 23, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>LUTHERAN HOSPITAL OF MARYLAND</b>			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <b>BALTIMORE</b>		
c. Length of stay in Baltimore <b>Since birth = 2</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>933 STOLL ST.</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Child</b>	8. DATE OF BIRTH <b>SEPT 21, 1953</b>	9. AGE (in years last birthday) <b>2 Days</b>	If Under 1 Year Months: Days <b>2</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>child</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Harry W. Wicklein</b>			14. MOTHER'S MAIDEN NAME <b>Maurlyn H. Hines</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT ADDRESS <b>Mrs. Maurice Hines 25 W. West St.</b>		

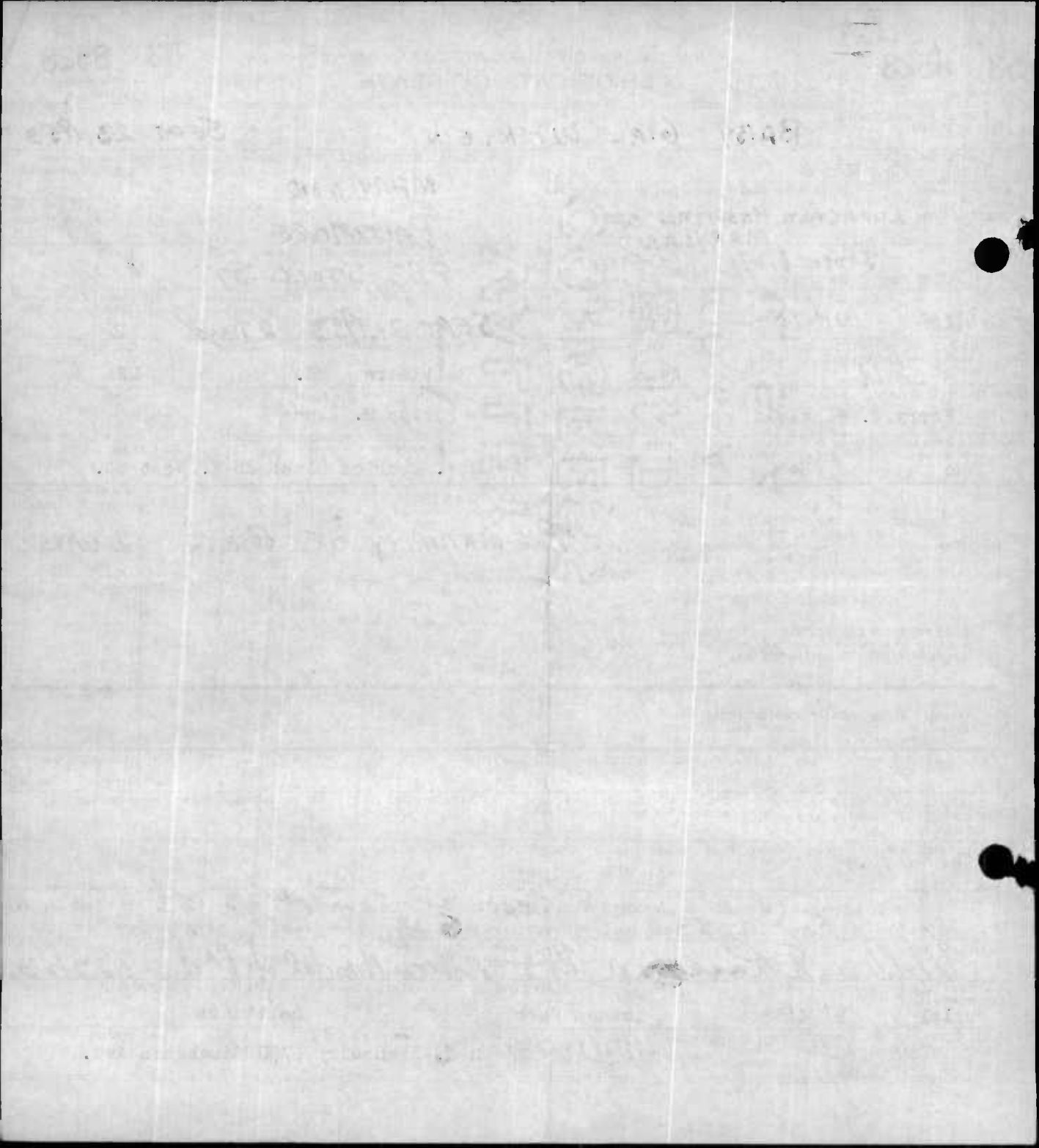
18. <b>776x</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <b>PRE-MATURITY OF BIRTH</b>		DUE TO		<b>2 DAYS</b>	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 21, 1953** to **Sept. 23, 1953** that I last saw the deceased alive on **Sept 22, 1953** and that death occurred at **6:30 AM**, from the causes and on the date stated above.

23A. SIGNATURE <b>William P. Ross MD</b>		23B. ADDRESS <b>Lutheran Hospital of Md</b>		23C. DATE SIGNED <b>9/23/53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9/24/53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Louden Park</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 23 1953</b>	REGISTRAR'S SIGNATURE <b>Huntington, William</b>	25. FUNERAL DIRECTOR'S ADDRESS <b>John T. Stansbury 2700 Edmondson Ave.</b>
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M-150  
53 8529BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8529

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Clara Maben		9-21-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital Inc.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-01	
C. Length of stay in Baltimore life 72 Yrs. Mths. Ds.		D. STREET ADDRESS (If rural, give location) 3904 Greenway	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-25-1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Companion		10B. KIND OF BUSINESS OR INDUSTRY Private Family	9. AGE (In years last birthday) 72
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry Taylor		14. MOTHER'S MAIDEN NAME Agnes Virginia Wills	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hospital Record

18. 443X and E903.0

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertensive Arteriosclerotic Cardiovascular Disease

Unknown

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## CERTIFICATION APPROVED BY

WILLIAM H. JONES, M.D.  
CHIEF OR ASST. MEDICAL EXAMINER

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cerebrovascular Accident &amp; Pyloritis

Pyloritis - 1 mo.

19A. DATE OF OPERATION 8/13/53 & 8/25/53	19B. MAJOR FINDINGS OF OPERATION Fracture of Neck of Left Femur	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3904 Greenway
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 8 8 53	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Fall at Home - Floor

22. I hereby certify that I attended the deceased from 9-1-1953, to 9-21, 1953, that I last saw the deceased alive on 9-21, 1953, and that death occurred at 9:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE Thomas L. Jones, M.D.	23B. ADDRESS Mercy Hospital	23C. DATE SIGNED 9-21-53
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept 25/53	24C. NAME OF CEMETERY OR CREMATORY Loudon Park	24D. LOCATION (City, town, or county) (State) Baltimore Md
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DATE RECEIVED BY LOCAL REGISTRAR SEP 23 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Jenkins, Sons & Co. 4905 York Rd	ADDRESS 7208 A
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VS 150

N820.0

7208 A Released for approval of Medical Examiner

INVESTIGATION OF DEATH

1. NAME OF DECEASED

2. AGE

3. SEX

4. RACE

5. BIRTH DATE

6. BIRTH PLACE

7. OCCUPATION

8. MARITAL STATUS

9. EDUCATION

10. RELIGION

11. SOCIAL SECURITY NUMBER

12. DATE OF DEATH

13. TIME OF DEATH

14. PLACE OF DEATH

15. CAUSE OF DEATH

16. MANNER OF DEATH

17. SIGNATURE OF DECEASED

18. SIGNATURE OF WITNESS

19. SIGNATURE OF PHYSICIAN

20. SIGNATURE OF CORONER

21. SIGNATURE OF JURY

22. SIGNATURE OF JUDGE

23. SIGNATURE OF CLERK

24. SIGNATURE OF SHERIFF

25. SIGNATURE OF DISTRICT ATTORNEY

26. SIGNATURE OF COUNTY CLERK

27. SIGNATURE OF TOWNSHIP CLERK

28. SIGNATURE OF VILLAGE CLERK

29. SIGNATURE OF CITY CLERK

30. SIGNATURE OF STATE CLERK

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8530  
Registered No.

BIRTH NO. 53-28823

1. NAME OF DECEASED (Type or Print) <b>Baby Elickson</b>			2. DATE OF DEATH <b>Sept. 22, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>2411 Huron Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>2411 Huron Street</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Sept. 22, 1953</b>	9. AGE (In years last birthday)	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>			10B. KIND OF BUSINESS OR INDUSTRY		
11. FATHER'S NAME <b>Malton Elickson</b>			12. CITIZEN OF WHAT COUNTRY?		
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <b>No</b>			14. MOTHER'S MAIDEN NAME <b>Theresa Dunbar</b>		
15. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <b>Malton Elickson 2411 Huron St</b>		

18. **560.4**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Eventration of the diaphragm**

DUE TO

### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**R. Fisher**

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR

23C. DATE SIGNED **Sept. 22, 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY REGISTAR

REGISTAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

100-100

THE OFFICE OF THE  
SHERIFF OF THE COUNTY OF  
SHERIFF

100-100





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8531**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**Ada Bresnan**2. DATE  
OF  
DEATH**9-21-53**

3. PLACE OF DEATH:

**Baltimore City, Maryland Balto. Md.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

**Md.**

B. FULL NAME OF (If not in hospital or institution, give street address or location)

**St. Agnes**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

**Balto.**

D. STREET ADDRESS (If rural, give location)

**4425 Frederick Ave.**

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**F**

6. COLOR OR RACE

**W**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)**M**

8. DATE OF BIRTH

**11-18-1893**9. AGE (In years  
last birthday)**59**If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**RET. SERGEANT**10B. KIND OF BUSINESS OR  
INDUSTRY**POLICE**

11. BIRTHPLACE (State or foreign country)

**M.D.**12. CITIZEN OF  
WHAT COUNTRY?**USA**

13. FATHER'S NAME

**JOHN FOARD**

14. MOTHER'S MAIDEN NAME

**CAROLINE ARCHER**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**John J. Bresnan - 4425 Frederick Ave.**18. **420.1**

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) **Acute myocardial infarction**

DUE TO

**50 min.**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) **Coronary occlusion**  
(C) **Coronary atherosclerosis**

DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.**Benign essential hypertension**

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-19**, 19**53**, to **9-21**, 19**53**, that I last saw the  
deceased alive on **9-21**, 19**53**, and that death occurred at **10:24** A.M., from the causes and on the date stated above.

23A. SIGNATURE

**Donald A. Wolff**

M. D.

23B. ADDRESS

**St. Agnes Hospital**

23C. DATE SIGNED

**9-21-53**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)**Burial**

24B. DATE

**9-24-53**

24C. NAME OF CEMETERY OR CREMATORY

**Cathedral Cem.**

24D. LOCATION (City, town, or county)

**Balto.**

(State)

**Md.**DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

**George A. Taylor Catonsville, Md.****SEP 23 1953**

RECEIVED  
JAN 10 1900  
U.S. DEPT. OF JUSTICE  
OFFICE OF THE ATTORNEY GENERAL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-656  
53 8532

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8532

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Elizabeth A. Warner</i>		2. DATE OF DEATH <i>9-21-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. CITY <i>Balto</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>4903 The Alameda</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>27-09</i>			
c. Length of stay in Baltimore <i>1 yr.</i>		D. STREET ADDRESS (If rural, give location) <i>4903 The Alameda</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE/MARRIED, WIDOWED, DIVORCED (Specify) <i>W.</i>	8. DATE OF BIRTH <i>Jan. 9-1883</i>	9. AGE (In years last birthday) <i>70</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>clerk</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>y. m. c. a.</i>		11. BIRTHPLACE (State or foreign country) <i>New Haven Conn</i>	
13. FATHER'S NAME <i>Edward Jackson</i>		14. MOTHER'S MAIDEN NAME <i>Helen Gray</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Beryl E. Williams 4903 The Alameda</i>	
18. <i>422.2 and 260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <i>Chronic myocarditis with congestive heart failure</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH			
<b>ANTECEDENT CAUSES</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____					
II OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Diabetes mellitus</i>					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5-12-</i> , 1953, to <i>9-21</i> , 1953, that I last saw the deceased alive on <i>9-20</i> , 1953, and that death occurred at <i>5:10 p. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>CR. Campbell</i>		23B. ADDRESS <i>718 Deephin St.</i>		23C. DATE SIGNED <i>9-22-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9-26-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Hope Cem.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 24 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Bangor Maine Samuel W. Sullivan Jr.</i>	
VS 150 <i>3908X 1011 N Arlington Ave</i>					



BALTIMORE CITY

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH:

2. USUAL RESIDENCE (HOME) OF DECEASED:

COUNTY Baltimore CITY MARYLAND  
CITY (If outside corporate limits, write RURAL and give nearest town) Rosedale  
TOWN 1229 N. 63rd St.  
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1229 N. 63rd St.

STATE Md. COUNTY Balto  
CITY (If outside corporate limits, write RURAL and give nearest town) Rosedale  
TOWN 26-04 A  
STREET ADDRESS (If rural, give location) 1229 N. 63rd St.

3. NAME OF DECEASED:

(First) John (Middle) Ellsworth (Last) Shay  
(Type or Print)

4. DATE OF DEATH: Sept 12 - 19 53

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: 53 yrs.

IF UNDER 1 YEAR IF UNDER 24 HRS.  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

10b. KIND OF BUSINESS OR INDUSTRY: P & O. R.R.

11. BIRTHPLACE (State or foreign country): Churchville, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

4201 Immediate cause (a) Coronary Occlusion Sudden  
DUE TO  
Antecedent cause(s) (b) Arteriosclerotic Cardio-Vascular disease 2 yrs  
DUE TO  
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Not while work ☐ at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-4 1953, to 9-5 1953, that I last saw the deceased alive on 9-5 1953, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE

(DEGREE OR TITLE) ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify):

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

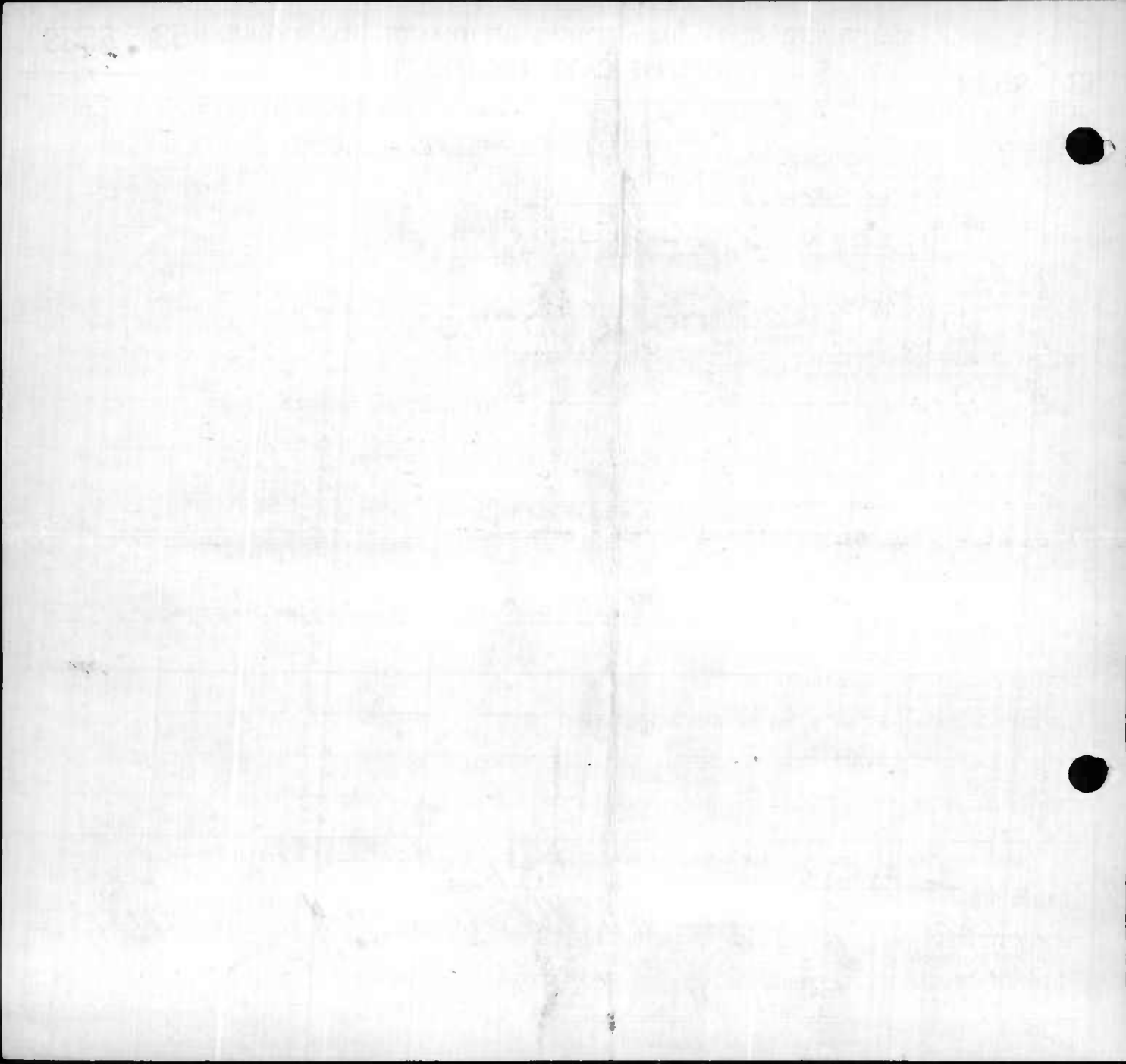
DATE REC'D BY LOCAL REG. 9/15/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

SEP 24 1953 Huntington Williams, M.D. 541 50 Balto 21 Md.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8534**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**Edward Lee**2. DATE  
OF  
DEATH**September 23, 1953**3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived If institution: residence  
A. STATE B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION**JOHNS HOPKINS HOSPITAL**C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)**Baltimore**

D. STREET ADDRESS (If rural, give location)

**17 S. Ann St.**

c. Length of stay in Baltimore

**LIFE**

5. SEX

**Male**

6. COLOR OR RACE

**White**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

**11-5-1876**9. AGE (In years  
last birthday)**76**H Under 1 Year  
Months: DaysH Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during last 7 days if retired)**ELEVATOR OPERATOR**10B. KIND OF BUSINESS OR  
INDUSTRY**CONTINENTAL CAN CO**

11. BIRTHPLACE (State or foreign country)

**BALTIMORE, MD**12. CITIZEN OF  
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

**JOSEPH LEE**

14. MOTHER'S MAIDEN NAME

**?**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)**NO**16. SOCIAL  
SECURITY NO.**218-09-6984**

17. INFORMANT

ADDRESS

**JOHNS HOPKINS HOSPITAL**18. **578X**

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) **GASTROINTESTINAL HEMORRHAGE****2 DAYS**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) **UNKNOWN CAUSE**

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.**MYOCARDIAL INFARCTION****5 DAYS**

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-22**, 1953, to **9-23**, 1953, that I last saw the  
deceased alive on **9-22**, 1953, and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE

**A. H. Owens, Jr.**

M. D.

23B. ADDRESS

**JOHNS HOPKINS HOSPITAL**

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

**SEPT 26 1953**

24C. NAME OF CEMETERY OR CREMATORY

**SWARTZ CEMETERY**

24D. LOCATION (City, town, or county)

**ODONNELL ST**

(State)

**MD**DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**SEP 24 1953****Wilmington, Delaware****1800 E LOMBARD ST**

1000000

R-000

8535

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

X Registered No. 53 8535

1. NAME OF DECEASED (Last, first, middle name or Print) <b>BOY ROWE</b>		2. DATE OF DEATH <b>9/22/53</b>	
3. PLACE OF DEATH: Baltimore City, Maryland <b>MERCY HOSPITAL</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>Anne Arundel</b> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>MERCY HOSPITAL</b>		D. STREET ADDRESS (If rural, give location) <b>20 Peble Dr. 5250</b>	
6. Length of stay in Baltimore <b>12 minutes</b>		7. DATE OF BIRTH <b>9/22/53</b>	
8. SEX <b>MALE</b>		9. AGE (In years last birthday) <b>12</b>	
10. COLOR OR RACE <b>White</b>		11. BIRTHPLACE (State or foreign country)	
12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Newborn</b>		13. If Under 1 Year Months: Days Hours: Min. <b>12</b>	
14. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)		15. 10B. KIND OF BUSINESS OR INDUSTRY	
16. FATHER'S NAME <b>HOWARD ROWE</b>		17. MOTHER'S MAIDEN NAME <b>GENEVA STAMPER</b>	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		19. SOCIAL SECURITY NO.	
20. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>18. 020.2 1 Congenital Syphilis?</b> <b>(A) Erythema blasticus?</b> DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <b>12 min.</b>	
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
23. DATE OF OPERATION <b>0</b>		24. MAJOR FINDINGS OF OPERATION	
25. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
26. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		27. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
29. TIME (Month) (Day) (Year) (Hour) OF INJURY		30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
31. HOW DID INJURY OCCUR?			
32. I hereby certify that I attended the deceased from <b>9/22/53</b> , 19__, to <b>9/22</b> , 19 <b>53</b> that I last saw the deceased alive on <b>9/22/53</b> , 19__, and that death occurred at <b>6:30 A.m.</b> , from the causes and on the date stated above.			
33. SIGNATURE <b>Olara M. Santamaria M.D.</b>		34. ADDRESS <b>Mercy Hospital</b>	
35. DATE SIGNED <b>9/22/53</b>			
36. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		37. DATE <b>9-24-53</b>	
38. NAME OF CEMETERY OR CREMATORY <b>St. Peter's</b>		39. LOCATION (City, town, or county) <b>Calby</b>	
40. STATE <b>MD</b>			
41. RECEIVED BY <b>Huntington Holliman, Jr.</b>		42. REGISTRAR'S SIGNATURE	
43. FUNERAL DIRECTOR <b>Greenmount</b>		44. ADDRESS	

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

1934

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 8536**

1. NAME OF DECEASED (Type or Print) <b>GEORGE LUKE WHEELER</b>		2. DATE OF DEATH <b>9/22/53</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>16-08</b>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>THE UNION MEMORIAL HOSP.</b>		C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township) <b>BALTIMORE 29</b>	
Length of stay in Baltimore <b>40 yrs</b> Yrs. <b>40</b> Mos. <b>0</b> Days <b>0</b>		D. STREET ADDRESS (If rural, give location) <b>718 WOODINGTON Rd.</b>	
6. SEX <b>m</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb 11, 1897</b>
9. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) <b>S. GUARD</b>		10a. KIND OF BUSINESS OR INDUSTRY <b>Ordinance Depot</b>	9. AGE (In years last birthday) <b>56</b>
FATHER'S NAME <b>PETER C WHEELER</b>		11. BIRTHPLACE (State or foreign country) <b>St. Mary's Co. Md.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>WWI</b>		14. MOTHER'S MAIDEN NAME <b>MARY MCKAY</b>	17. INFORMANT ADDRESS <b>Mrs. Mildred A. Wheeler, 718 Woodington Rd.</b>
16. SOCIAL SECURITY NO. <b>154X</b>		18. CAUSE OF DEATH <b>Generalized Peritonitis &amp; Intestinal Obstruction</b>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ANTECEDENT CAUSES</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 years?</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>		DUE TO (A) <b>Generalized Peritonitis &amp; Intestinal Obstruction</b> DUE TO (B) <b>Concussion of rectosigmoid colon &amp; infiltration locally causing obstruction illeal</b> DUE TO (C) <b>rectosigmoid &amp; hydrothorax on left</b> <b>Bilateral lower lobe pneumonia</b>	
19a. DATE OF OPERATION <b>1944, 1952</b>		19b. MAJOR FINDINGS OF OPERATION <b>Intestinal obstruction</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>Sept. 18, 1953</b> to <b>Sept 22, 1953</b> that I last saw the deceased alive on <b>Sept. 22, 1953</b> , and that death occurred at <b>4:15 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Paul M. Alice</b>		23b. ADDRESS <b>Union Memorial Hosp.</b>	
23c. DATE SIGNED <b>9/22/53</b>		24. NAME OF CEMETERY OR CREMATORY <b>Baltimore National</b>	
24a. DATE <b>Sept. 25/53</b>		24b. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
25. RECEIVED BY <b>SEP 24 1953</b>		26. REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
27. FUNERAL DIRECTOR <b>Harry E. Wright</b>		28. ADDRESS <b>4101 Edmondson Ave.</b>	

763 91

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH	
PLACE OF BIRTH		PLACE OF DEATH		CITY		COUNTY		STATE	
OCCUPATION		CAUSE OF DEATH		MANNER OF DEATH		CERTIFICATE NO.		FILE NO.	
SIGNATURE OF PHYSICIAN		SIGNATURE OF REGISTRAR		SIGNATURE OF WITNESS		SIGNATURE OF DECEASED		SIGNATURE OF NEXT OF KIN	
DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 8537**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Dr. WILLIAM MYNN THORNTON, Jr.**

2. DATE OF DEATH **Sept. 22, 1953**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

**Union Memorial Hospital**

Yrs.  
Mos.  
Days

c. Length of stay in Baltimore

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**married**

8. DATE OF BIRTH

**Feb. 7, 1884**

9. AGE (In years last birthday)

**69**

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Professor of Chemistry - Loyola**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Virginia**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Wm. M. Thornton**

14. MOTHER'S MAIDEN NAME

**Rosalie Harrison**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS **Place**

**Mrs. Florence B. Thornton-3438 University**

18. **463X**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

**DISEASE OR CONDITION DIRECTLY LEADING TO DEATH**

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Massive pulmonary embolism**  
DUE TO **Thrombophlebitis, left leg**

**ANTECEDENT CAUSES**

**DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.**

(B) **Acute myocardial infarction**  
DUE TO **Coronary occlusion**

(C)

**II**  
**OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*R. J. Fisher*

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

**9/22/53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

24B. DATE

**9/25/53**

24C. NAME OF CEMETERY OR CREMATORY

**Woodward Hill Cemetery**

24D. LOCATION (City, town, or county)

**Lancaster, Pa.**

DATE RECEIVED BY LOCAL REGISTRAR

**SEP 24 1953**

REGISTRAR'S SIGNATURE

*Huntington*

25. FUNERAL DIRECTOR

*Wm. J. Pickney & Sons*

ADDRESS

**Balto. 17, Md.**

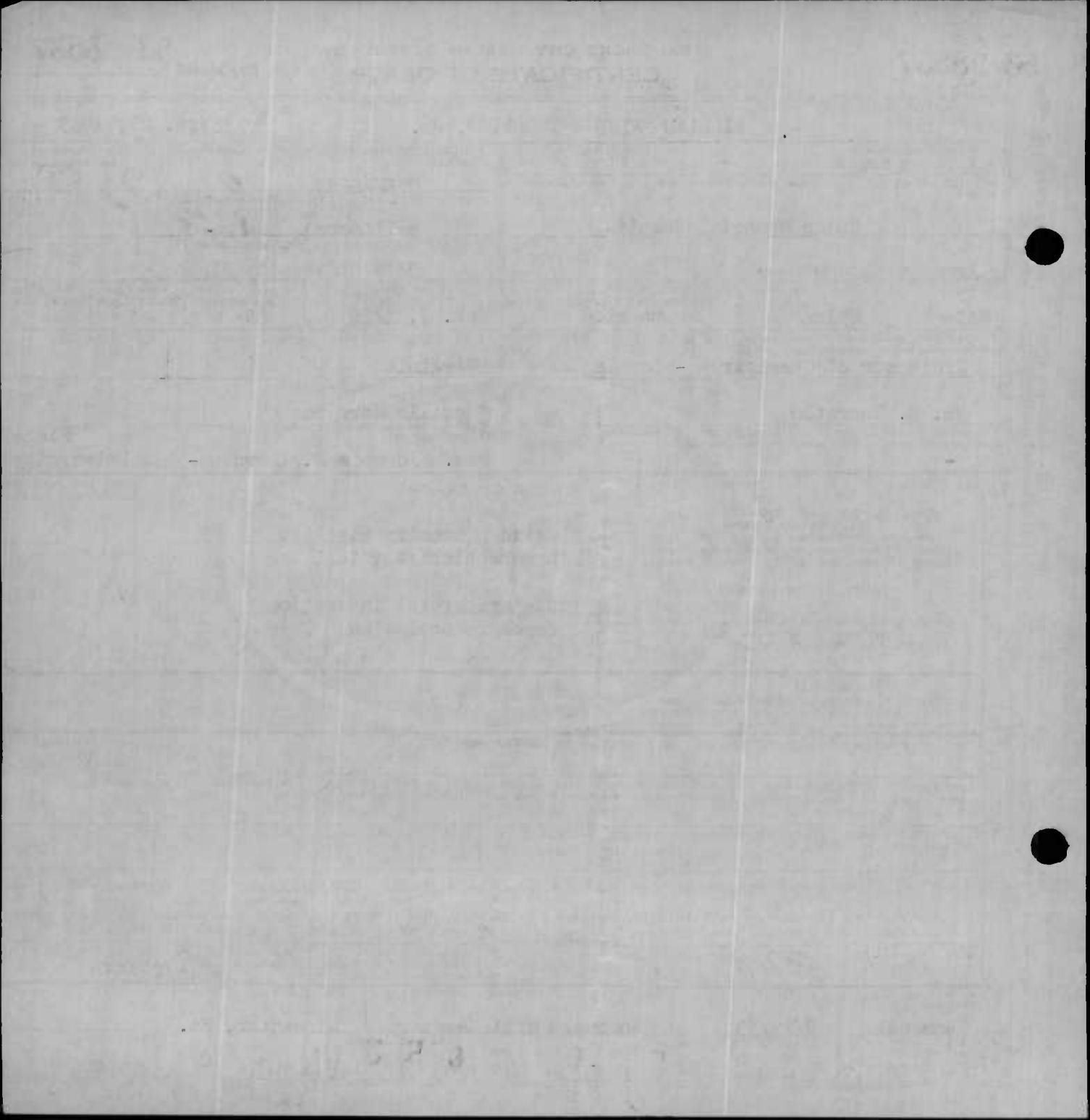
V S 151

**0148V**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**53 T-653 8537**



1-125  
8538

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8538  
Registered No.

RTH NO.

NAME OF DECEASED (Type or Print) <b>Alfred H. Hobson</b>		2. DATE OF DEATH <b>Sept 23, 1953</b>	
PLACE OF DEATH: <b>Baltimore City, Maryland</b> <b>yes</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>Union Memorial Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>15-38</b>	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2711 Elsinore Avenue, Baltimore</b> <b>16</b>	
SEX <b>male</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 7, 1887</b>
A. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) <b>retired Ticker Clerk</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	9. AGE (In years last birthday) <b>66</b>
FATHER'S NAME <b>Joseph M. Hobson</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
1. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no or unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. America</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Sophia Smith</b>	
18. <b>451 X</b>		17. INFORMANT <b>Mrs. Nellie Hobson</b>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial infarct</b>		ADDRESS <b>2711 Elsinore Avenue Baltimore 16</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Gastric Hemorrhage,</b> <b>perforation of anastomosis</b>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Generalized arteriosclerosis with aneurysm, lumbar aorta</b>			
19A. DATE OF OPERATION <b>Sept. 21, 53</b>		19B. MAJOR FINDINGS OF OPERATION <b>Multiple superficial erosion of stomach mucosa</b>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Aug. 26, 1953</b> to <b>Sept 23, 1953</b> that I last saw the deceased alive on <b>Sept 23, 1953</b> , and that death occurred at <b>5:45 A.M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Young H. Kim</b>		23B. ADDRESS <b>Union Memorial Hospital</b>	
23C. DATE SIGNED <b>Sept 23, 53</b>			
A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/28/53</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>	
TE RECEIVED BY CAL REGISTRAR <b>EP 241953</b>		25. FUNERAL DIRECTOR <b>Thurington Williams, 4500 N. ...</b>	
REGISTRAR'S SIGNATURE <b>Thurington Williams</b>		ADDRESS <b>39050 Baeto 17, Md.</b>	



K-452

8539

RTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8539

NAME OF DECEASED  
(Type or Print)

Adam Klimczak

2. DATE  
OF  
DEATH

Sept. 22-1953

PLACE OF DEATH:

Baltimore City, Maryland

Balto. City

FULL NAME OF  
(If not in hospital or institution, give street address or  
SPITAL OR location)  
SITUATION

316 S. Chester St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Balto. 2-01

D. STREET ADDRESS (If rural, give location)

316 S. Chester St.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 1888

9. AGE (In years  
last birthday)

64

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

Apes hanger

10B. KIND OF BUSINESS OR  
INDUSTRY

Homes

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?

FATHER'S NAME

14. MOTHER'S MAIDEN NAME

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

219-05-4347

17. INFORMANT

ADDRESS

Maryanna Klimczak 316 S. Chester St.

18. 163x

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Inoperable Carcinoma of Left Lung 1/2

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐  
m. WORKNOT WHILE ☐  
AT WORK22. I hereby certify that I attended the deceased from June 1, 1953, to Sept. 22, 1953, that I last saw the  
deceased alive on Sept. 21, 1953, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial  
RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 24 1953

Thurston Williams

Hon. S. Z. B. Kowski 2007 Eastern Ave



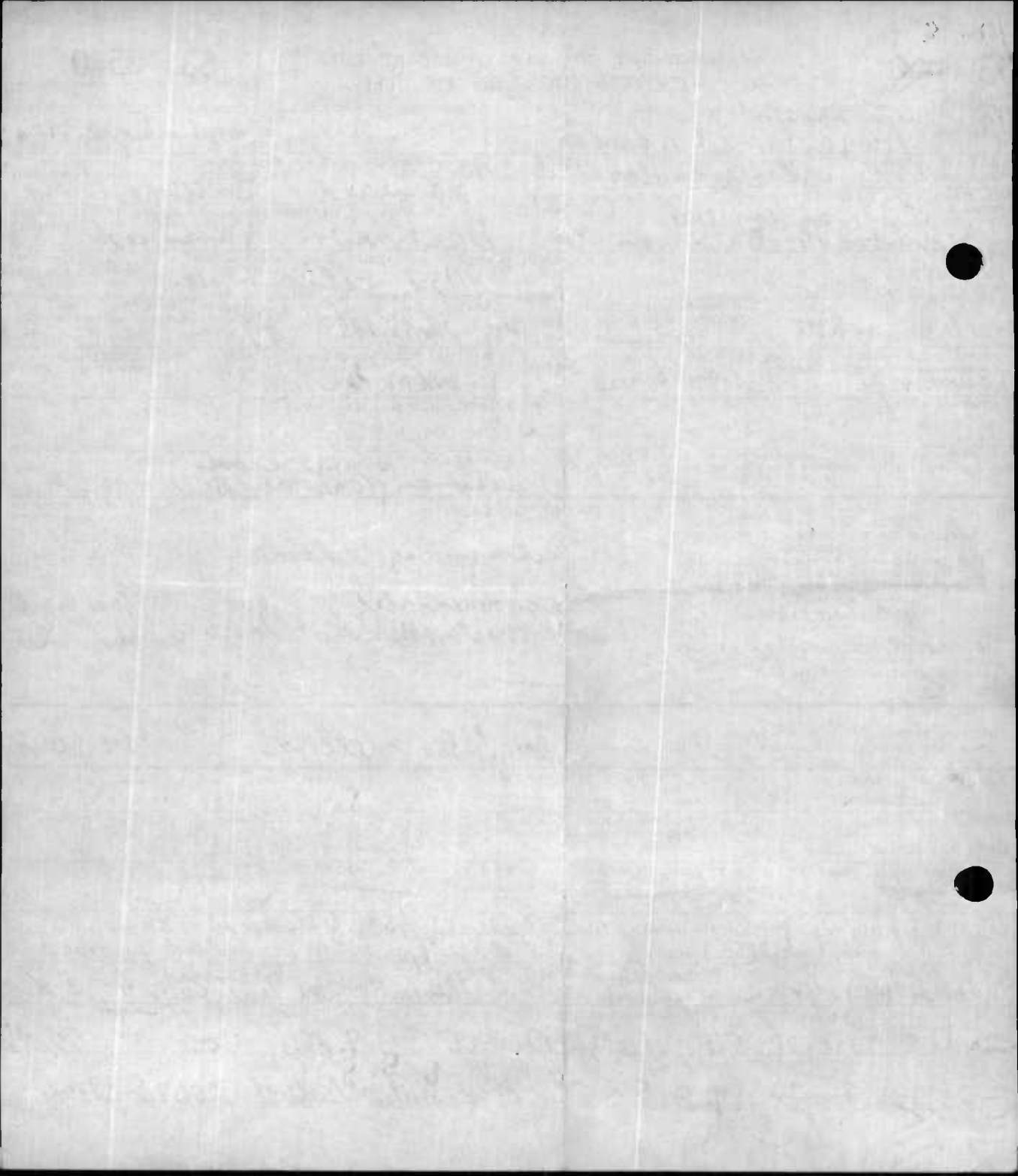


D-522  
8 8540

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8540

TH NO.		NAME OF DECEASED <i>ANASTASIA</i> <i>Augusta Demchuck</i>		2. DATE OF DEATH <i>September 22, 1953</i>	
PLACE OF DEATH: <i>Baltimore City, Maryland Lutheran Hospital</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore City</i>			
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>Lutheran Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, Maryland</i>			
10. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		U. STREET ADDRESS (If rural, give location) <i>1412 Filbert St. 25-05</i>			
1. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>November 15, 1893</i>	9. AGE (In years last birthday) <i>59</i>	11. BIRTHPLACE (State or foreign country) <i>Ukraine</i>
3. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>own home</i>	12. CITIZEN OF WHAT COUNTRY?		
FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>hospital records</i> ADDRESS <i>Lutheran Hospital, Baltimore Md.</i>		
18. <i>42010 and 260X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Pulmonary edema</i>		<i>one day</i>	
ANTECEDENT CAUSES		DUE TO (B) <i>decompensated arteriosclerotic heart disease</i>		<i>four months and three weeks</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Diabetes mellitus</i>		<i>14 years</i>	
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>September 22, 1953</i> to <i>September 22, 1953</i> that I last saw the deceased alive on <i>September 22, 1953</i> and that death occurred at <i>11 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Rudolph M. Zander M.D. assistant resident</i>		23B. ADDRESS <i>Lutheran Hospital Baltimore Maryland</i>		23C. DATE SIGNED <i>9-23-1953</i>	
A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept. 26-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Cross</i>	
24D. LOCATION (City, town, or county) (State) <i>A.A. Co. Md.</i>		24E. FUNERAL DIRECTOR <i>Wm. S. Fialkowski</i>		24F. ADDRESS <i>2007 Eastern Ave</i>	
TE RECEIVED BY CAL REGISTRAR <i>EP 241053</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			



K-635  
53 8541BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8541  
Registered No.

RTH NO. 53-17906

NAME OF DECEASED  
(Type or Print)

Kirchner, Patricia Helen

2. DATE  
OF  
DEATH

September 22, 1953

PLACE OF DEATH:  
Baltimore City, MarylandFULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
STITUTION

St. Joseph's Hospital

Length of stay in Baltimore

8 weeks

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6611 Eastern Parkway

SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR  
INDUSTRY

8. DATE OF BIRTH

July 30, 1953

9. AGE (In years,  
last birthday)If Under 1 Year  
Months: Days

1 23

If Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

FATHER'S NAME

Joseph W. Kirchner

14. MOTHER'S MAIDEN NAME

Mary E. Syrratt

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

---

17. INFORMANT

ADDRESS

Joseph W. Kirchner 6611 Eastern Parkway

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Congenital heart disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
m. WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 21, 1953, to Sept. 22, 1953 that I last saw the deceased alive on Sept. 22, 1953, and that death occurred at 2:55pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept. 25, 1953

Holy Redeemer

Baltimore, Maryland

FEE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

p 241953

Huntington Williams, Jr.

Burgee Funeral Home 3631 Falls Road

VS 150

Norace F. Burgee

STATE OF NEW YORK  
DEPARTMENT OF CORRECTIONS  
CERTIFICATE OF DEATH

1911

DECEASED

NAME

AGE

RESIDENCE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

HEIGHT

WEIGHT

EDUCATION

RELIGION

COMPLEXION

HAIR

EYES

TEETH

SCARS

MARKS

DIAGNOSIS

TESTIMONY

SIGNATURE

DATE

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W-452  
53 8542BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8542  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Lawrence E. WILLIAMS.

2. DATE  
OF  
DEATHSept. 22<sup>nd</sup> 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR UNION Memorial Hospital.

STITUTION

Length of stay in Baltimore

35 years

Yrs.  
Mos.  
DaysSEX  
M6. COLOR OR RACE  
W7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married8. DATE OF BIRTH  
Oct. 7, 18989. AGE (In years  
last birthday)  
54If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)  
Policeman10a. KIND OF BUSINESS OR  
INDUSTRY11. BIRTHPLACE (State or foreign country)  
Ruxton, Maryland12. CITIZEN OF  
WHAT COUNTRY?  
America.

FATHER'S NAME

John T. Williams

14. MOTHER'S MAIDEN NAME

Virginia Trice

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Mrs. Ethel M. Williams 3505 Roland Ave.18. 420.1 and 204.0  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH(A) Acute pulmonary oedema  
DUE TO

30 min.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CAUTION LAST.(B) Post. myocardial infarction  
DUE TO

48 hrs.

(C) Coronary artery disease  
DUE TO

2 1/2 years.

11  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic lymphatic leukaemia

13 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from Sept. 22<sup>nd</sup>, 1953, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on Sept. 22<sup>nd</sup>, 1953, and that death occurred at 9 p. m., from the causes and on the date stated above.

23A. SIGNATURE

H. M. Rowson.

M. D.

23B. ADDRESS

Union Memorial Hospital.

23C. DATE SIGNED

Sept. 22<sup>nd</sup>.A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

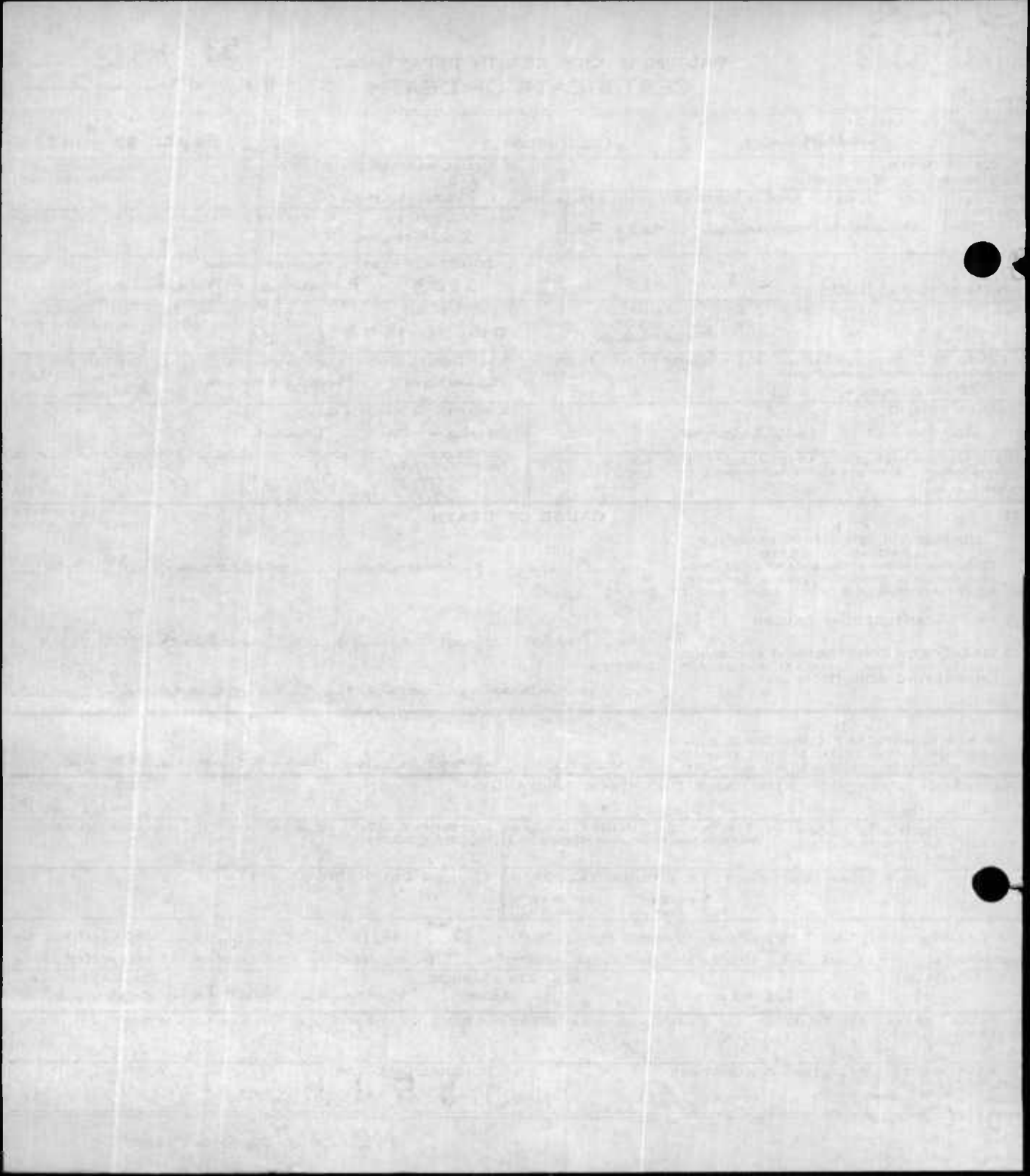
24D. LOCATION (City, town, or county) (State)

TE RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

<p>53 8543</p> <p style="font-size: 1.5em; font-weight: bold;">M-000</p>		<p>BALTIMORE CITY HEALTH DEPARTMENT</p> <p><b>CERTIFICATE OF DEATH</b></p>		<p>53 8543</p> <p>Registered No.</p>	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
RAYMOND U MAY Sr.			September 23, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			A. STATE Maryland		
			B. COUNTY		
c. Length of stay in Baltimore			C. CITY OR TOWN Baltimore		
			D. STREET ADDRESS (If rural, give location) 5804 The Alameda		
5. SEX Male		6. COLOR OR RACE White		8. DATE OF BIRTH Nov. 28, 1910	
		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		9. AGE (In years last birthday) 42	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Maryland		10B. KIND OF BUSINESS OR INDUSTRY Chemical Co		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME ?				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME ?	
				17. INFORMANT Mrs. Eleanor R. May, 5804 The Alameda	
				ADDRESS	
<p>18. 420.1 and 322.0</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p style="text-align: center;">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>			CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
			(A) Coronary sclerosis		
			(B) Myocardial fibrosis		
			(C) Acute alcoholism		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
<p>22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/>, accident <input type="checkbox"/>, suicide <input type="checkbox"/>, homicide <input type="checkbox"/>, undetermined <input type="checkbox"/>.</p>					
23A. SIGNATURE <i>William W. Buck</i>		23B. CHIEF MEDICAL EXAMINER M.D. <i>William W. Buck</i>		23C. DATE SIGNED Sept. 23, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 26, 1953		24C. NAME OF CEMETERY OR CREMATORY Moreland Mem Park	
				24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR SEP 24 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Leonard J. Buck</i>	
				ADDRESS 5305 Harford Road.	
<p>VS 151 js</p> <p style="text-align: center; font-size: 1.5em;">4904R</p>					

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

1. Name of the plant or animal: *...*

2. Locality: *...*

3. Date of collection: *...*

4. Collector: *...*

5. Description: *...*

6. Remarks: *...*

7. Distribution: *...*

8. Uses: *...*

9. Other: *...*

F652  
53 8544BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8544

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

August Franz

2. DATE  
OF  
DEATH

Sept 23-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

375 S. Woodyear St

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

375 S. Woodyear St

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work conducted most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

myocardial failure

about 1 hr.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO

Arteriosclerotic C.V.D.

years

(C) .....

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from about 1946 to Sept 23, 1953, that I last saw the  
deceased alive on Aug 7, 1953, and that death occurred at 7 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

PRATT &amp; STRICKER STS

MINISTRE DU TRAVAIL  
CERTIFICATE OF DEATH

1900

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M-250  
53 8545BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8545

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Kathryn C. McCann</b>			2. DATE OF DEATH <b>September 23, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Lutheran Hospital</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore City</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b> <b>730 Ashburton Dr. Baltimore Md.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 16-01</b>		
C. Length of stay in Baltimore <b>About 10 Yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>3207 Westmont Ave.</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 31, 1905</b>		9. AGE (In years last birthday) <b>48</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Frank Callon</b>			14. MOTHER'S MAIDEN NAME <b>Mary Lament</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>216-18-8601</b>	17. INFORMANT <b>hospital records</b> <b>Lutheran Hospital, Baltimore Md.</b>		

18. **170X**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

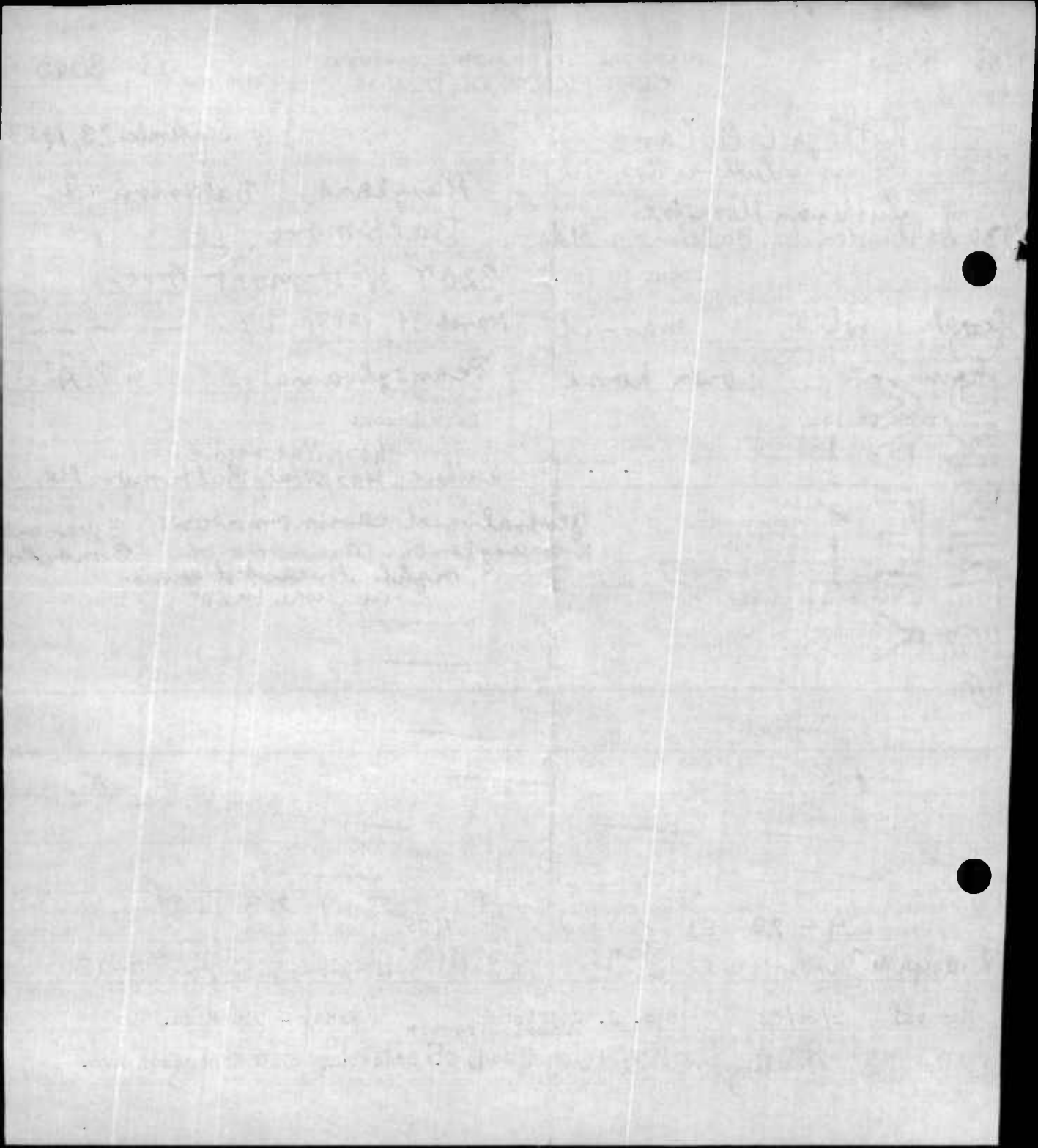
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH  
**Generalized carcinomatosis; primary lesion: carcinoma of right breast diagnosed in June 1950**

INTERVAL BETWEEN ONSET AND DEATH  
**3 years and 3 months**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>9-23</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-19</b> , 19 <b>53</b> , to <b>9-23</b> , 19 <b>53</b> that I last saw the deceased alive on <b>9-23</b> , 19 <b>53</b> , and that death occurred at <b>405</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Rudolph M. Zander M.D. assistant resident</b>		23B. ADDRESS <b>1/2 Lutheran Hospital, Baltimore, Maryland</b>		23C. DATE SIGNED <b>9-23-1953</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24B. DATE <b>9/26/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Geo. J. Ondrizek</b>	
24D. LOCATION (City, town, or county) (State) <b>Nanty - Gle Penn.</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, M.D. 75 Stansbury 2700 Edmondson Ave.</b>			





④ E-524

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8546  
Registered No. 53 8546

BIRTH NO. 53 8546

1. NAME OF DECEASED (Type or Print) <b>Amos R. Englehart</b>			2. DATE OF DEATH <b>Sept. 22/53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <b>1810 McHenry St.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>1810 McHenry St</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 28, 1884</b>		9. AGE (In years last birthday) <b>69</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Watchman</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>md.</b>
13. FATHER'S NAME <b>William Englehart</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mrs. Lottie Englehart, 1810 McHenry St</b>		

18. <b>42010</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Coronary Sclerotic Heart Disease</b>		<b>about 3 yrs</b>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>None</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

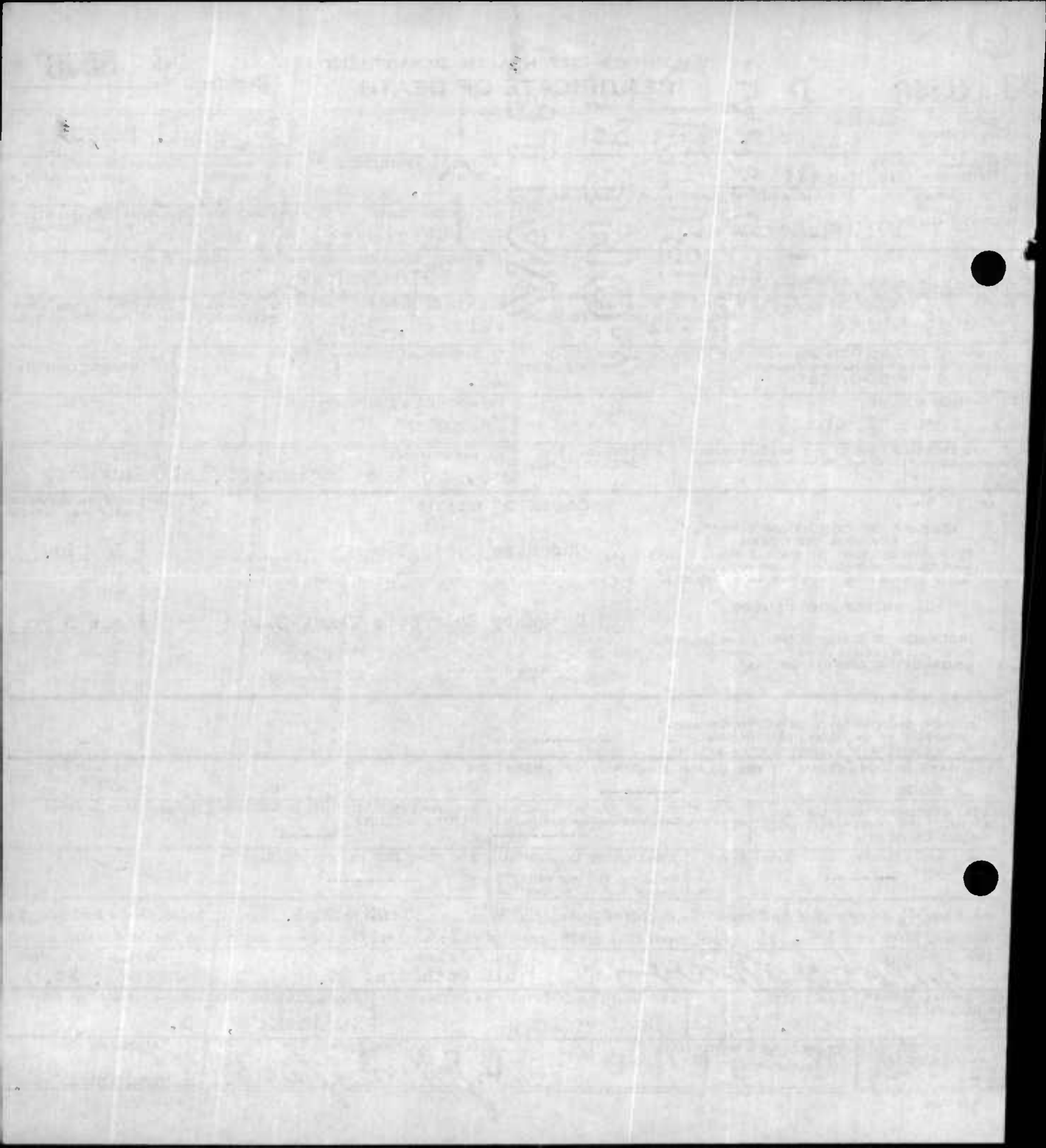
22. I hereby certify that I attended the deceased from **August**, 19**53** to **Sept. 22**, 19**53**, that I last saw the deceased alive on **Sept. 22, 1953**, and that death occurred at **9:45p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Amos R. Englehart</b>		23B. ADDRESS <b>516 Cathedral St.</b>		23C. DATE SIGNED <b>Sept. 24, '53</b>	
--	--	--	--	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>Sept. 26/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, md.</b>	
--	--	---------------------------------	--	--	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 24 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Holliman</b>		25. FUNERAL DIRECTOR <b>Harry A. Kutz</b>		ADDRESS <b>4101 Edmondson Ave.</b>	
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76399



B-625  
53 8547

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8547  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Annie E. Breckenridge</i>		2. DATE OF DEATH <i>Sept. 22, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>808 W. Lexington St.</i>		4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>808 W. Lexington Street</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Feb. 12, 1870</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>83</i>
13. FATHER'S NAME <i>Charles Henson</i>		11. BIRTHPLACE (State or foreign country) <i>Howard County, Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Eliza ?</i>	
17. INFORMANT		ADDRESS <i>Minerva Monk 808 W. Lexington St.</i>	

18. <i>450.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Senile arteriosclerosis</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Malnutrition</i>		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>June 18, 1953</i> , to <i>September 2, 1953</i> , that I last saw the deceased alive on <i>Sept. 3, 1953</i> , and that death occurred at <i>2:00 p. m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>C. R. Campbell</i>		23B. ADDRESS <i>718 Delphin St.</i>		23C. DATE SIGNED <i>9-24-53</i>
4A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Sept. 25, 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 24 1953</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, Mr. Joseph E. Jones 2222 W. North Ave. Balto.</i>		



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 8548**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**McCall, Bertha**

2. DATE  
OF  
DEATH

**September 23, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**St. Joseph's Hospital**

C. Length of stay in Baltimore **6 years**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Maryland**  
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1410 E. Chase Street #13**

5. SEX

**Female**

6. COLOR OR RACE

**Colored**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
**Divorced**

8. DATE OF BIRTH

**12-14-1908**

9. AGE (In years  
last birthday)

**44**

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

**Day's work**

10B. KIND OF BUSINESS OR  
INDUSTRY

**Private Family**

11. BIRTHPLACE (State or foreign country)

**North Carolina**

12. CITIZEN OF  
WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**Ben Walker**

14. MOTHER'S MAIDEN NAME

**Mary Baker**

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL  
SECURITY NO.

17. INFORMANT ADDRESS  
**Lillian McCall R.F.D. Box 529 Portsmouth Va.**

18. **491 x**

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) **Bronchopneumonia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept. 22**, 1953 to **Sept. 23**, 1953 that I last saw the  
deceased alive on **Sept. 23, 1953**, and that death occurred at **5:45 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**Nathanil C. Santiago**

23B. ADDRESS

**1400 N. Caroline Street**

23C. DATE SIGNED

**Sept. 23, 1953**

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

**9-25-1953**

24C. NAME OF CEMETERY OR CREMATORY

**Laura Hill Cem. Fayetteville N.C.**

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, Jr.**

25. FUNERAL DIRECTOR

**Rodolph J. Collick 1426 Preston St.**

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

1. Name of Deceased: [Illegible]

2. Sex: [Illegible]

3. Age: [Illegible]

4. Date of Birth: [Illegible]

5. Date of Death: [Illegible]

6. Place of Death: [Illegible]

7. Cause of Death: [Illegible]

8. Signature of Physician: [Illegible]

9. Signature of Registrar: [Illegible]

10. Date of Registration: [Illegible]



53 B-650  
8549BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8549

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

France E. Borum

2. DATE  
OF  
DEATH

9/24/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

4335 Glenmore Ave

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4335 Glenmore Ave

Length of stay in Baltimore

28 yrs

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April, 8<sup>th</sup> 18689. AGE (In years  
last birthday)

85

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wm C. Borum

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

Wm G. Borum

ADDRESS

4335 Glenmore Ave.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) MYOCARDIAL DEGENERATION 5 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE, (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) CORONARY ARTERIOSCLEROSIS 5 yrs

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

SENILITY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1946 to Sept 24, 1953, that I last saw the deceased alive on 8/25, 1953, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm C. Borum

23B. ADDRESS

M. D.

6331 Belair Rd (6)

23C. DATE SIGNED

9/24/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/26/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm C. Borum

ADDRESS

7401 Belair Rd.

Dr. Machen

CERTIFICATE OF DEATH

CAUSE OF DEATH

DEATH OF DEATH

DEATH OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8550

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ALBERT T TABORSKY

2. DATE  
OF  
DEATH

9-24-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

BALTIMORE

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Church Home Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

816 N. Monford Ave

C. Length of stay in Baltimore

60

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

4-8-77

9. AGE (In years  
last birthday)

76

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

RETIRED-Cabinet

10B. KIND OF BUSINESS OR  
INDUSTRY

Maker, Owens Shipyard

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Taborsky

14. MOTHER'S MAIDEN NAME

Francis Shebia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.  
216-07-0137

17. INFORMANT

ADDRESS

Stanley Taborsky 812 Argonne Drive

18. 177X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) CA OF PROSTATE

2 1/2 yrs

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-11-53 to 9-24-53, 1953, that I last saw the  
deceased alive on 9-24-53, 1953, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Jack C. Collins

23B. ADDRESS

M. D.

Church Home Hosp

23C. DATE SIGNED

9-24-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Cremation

24B. DATE

Sept. 26, 1953

24C. NAME OF CEMETERY OR CREMATORY

Cremation

24D. LOCATION (City, town, or county)

Greenmount Crematory, Balto. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.  
2801-3-5 E. Madison St.

ADDRESS

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 8551**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**JOSEPH August KNOP**

2. DATE  
OF  
DEATH

**Sept. 22, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**St. Joseph's Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Maryland** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)

**417 E. Preston Street**

c. Length of stay in Baltimore

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**married**

8. DATE OF BIRTH

**Sept. 23, 1904**

9. AGE (in years  
last birthday)

**48**

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

**Laborer, Sanitation Dept. Baltimore City**

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Baltimore, Md.**

12. CITIZEN OF  
WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**Albert F. Knop**

14. MOTHER'S MAIDEN NAME

**Mary B. Droll**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**Lillian Mae Brinkley Knop, wife, above**

18. **353.3**

**CAUSE OF DEATH**

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) **Asphyxia**

DUE TO **Aspiration of mucus presumably  
during an epileptic attack**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

**II**  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*R. Fisher*

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

**9/22/53**

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

**Burial**

24B. DATE

**Sept. 25, 1953**

24C. NAME OF CEMETERY OR CREMATORY

**Holy Redeemer Cem.**

24D. LOCATION (City, town, or county)

**Belair Rd., Balto. Md.**

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, Jr.*

25. FUNERAL DIRECTOR

ADDRESS

**Schimunek Funeral Home, Inc.  
2601-3-5 E. Madison St.**

V.S. 151

**9705G**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAIN, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1901

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8552**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) **Vary Coleman**2. DATE  
OF DEATH **September 21, 1953**3. PLACE OF DEATH:  
A. Baltimore City, Maryland **Oppler 2**4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE **md.** B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION **JOHNS HOPKINS HOSPITAL**C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township) **Baltimore 7-05**c. Length of stay in Baltimore **8 yrs** Yrs.  
Mos. DaysD. STREET ADDRESS (If rural, give location) **816 McDanagh St.**

5. SEX

**male**

6. COLOR OR RACE

**Colored**

7. SINGLE, MARRIED,

**Single** WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

**1-27-19**9. AGE (In years  
last birthday) **34**

H Under 1 Year Months: Days

H Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY11. BIRTHPLACE (State or foreign country) **Caroline Co., Va.**12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

**Robert Coleman**

14. MOTHER'S MAIDEN NAME

**Annie J. of**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

**JOHNS HOPKINS HOSPITAL** ADDRESS18. **163X**DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)CAUSE OF DEATH **818, M.C. Donald****Cardiomyelitis**

DUE TO

**Cardiomegaly**

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH**6 mos.**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-20, 1953**, to **9-21, 1953**, that I last saw the  
deceased alive on **9-21, 1953**, and that death occurred at **7:25 P.M.**, from the causes and on the date stated above.

23. SIGNATURE

**W. E. Mattern**

23B. ADDRESS

**JOHNS HOPKINS HOSPITAL**

23C. DATE SIGNED

**9-24-53**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

**Sept. 25th/53**

24C. NAME OF CEMETERY OR CREMATORY

**Calvary**

24D. LOCATION (City, town, or county)

**Baltimore**DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

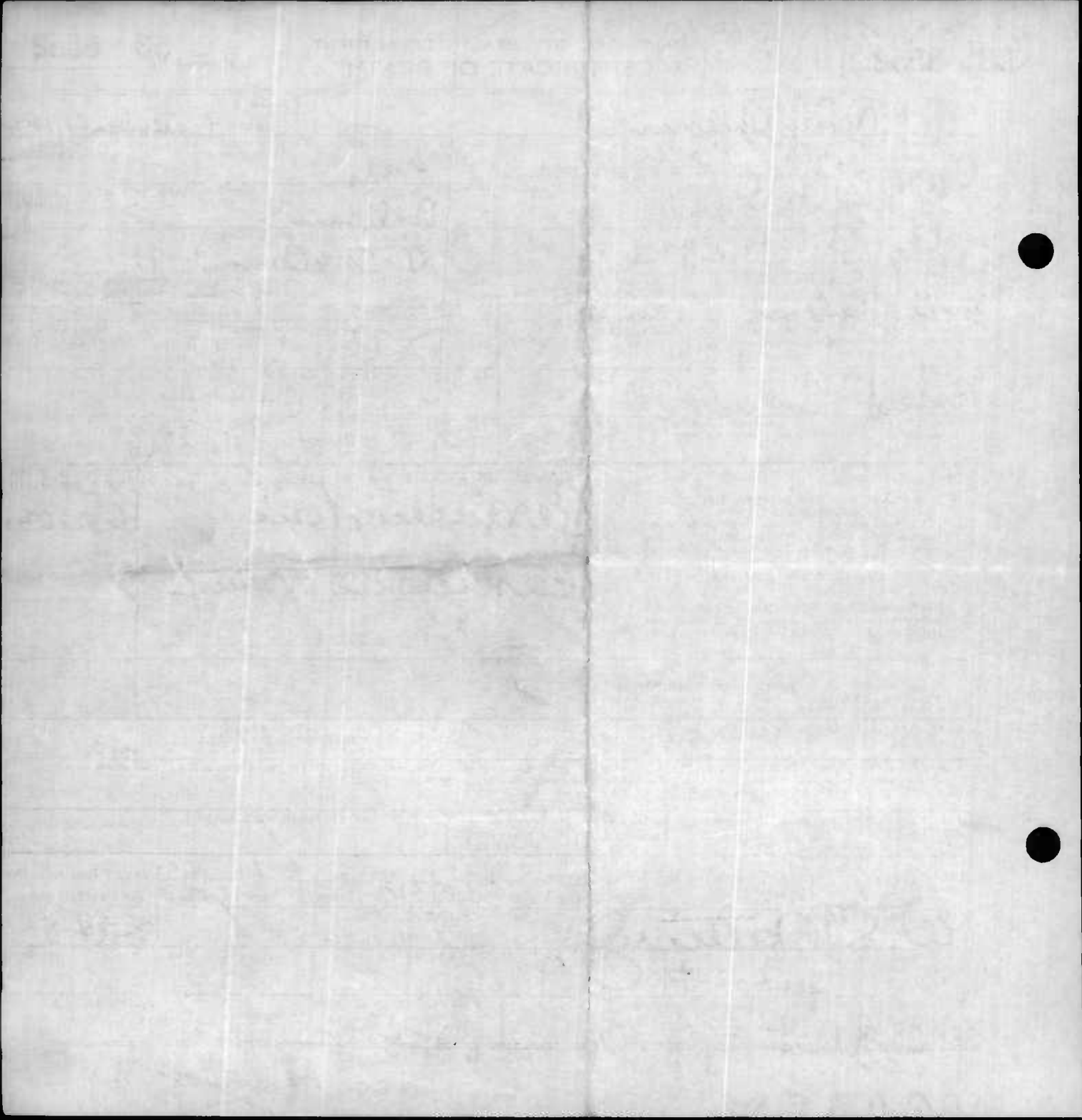
**Huntington Williams**

25. FUNERAL DIRECTOR

**Gray Wilson**

ADDRESS

**1000 Brantley AV**





8228

DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of medical examiner		12. Signature of health officer	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of family		18. Signature of friends		19. Signature of neighbors		20. Signature of community	
21. Signature of church		22. Signature of school		23. Signature of business		24. Signature of government	
25. Signature of other		26. Signature of other		27. Signature of other		28. Signature of other	
29. Signature of other		30. Signature of other		31. Signature of other		32. Signature of other	
33. Signature of other		34. Signature of other		35. Signature of other		36. Signature of other	
37. Signature of other		38. Signature of other		39. Signature of other		40. Signature of other	
41. Signature of other		42. Signature of other		43. Signature of other		44. Signature of other	
45. Signature of other		46. Signature of other		47. Signature of other		48. Signature of other	
49. Signature of other		50. Signature of other		51. Signature of other		52. Signature of other	
53. Signature of other		54. Signature of other		55. Signature of other		56. Signature of other	
57. Signature of other		58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other		64. Signature of other	
65. Signature of other		66. Signature of other		67. Signature of other		68. Signature of other	
69. Signature of other		70. Signature of other		71. Signature of other		72. Signature of other	
73. Signature of other		74. Signature of other		75. Signature of other		76. Signature of other	
77. Signature of other		78. Signature of other		79. Signature of other		80. Signature of other	
81. Signature of other		82. Signature of other		83. Signature of other		84. Signature of other	
85. Signature of other		86. Signature of other		87. Signature of other		88. Signature of other	
89. Signature of other		90. Signature of other		91. Signature of other		92. Signature of other	
93. Signature of other		94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other		100. Signature of other	

D-545

8554

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8554

RTH NO.

NAME OF DECEASED (CHARLES JUSTICE HENRY DIMMLING)  
Charles Dimmling

2. DATE OF DEATH Sept 22, 1953

PLACE OF DEATH:  
Baltimore City MarylandFULL NAME OF (If not in hospital or institution, give street address or location)  
Church Home & Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore - 16 15-38D. STREET ADDRESS (If rural, give location)  
3304 N. Helen St.

Length of stay in Baltimore Life

SEX male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Apr 22, 1880 9. AGE (in years, last birthday) 73 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) Wholesale Meat Dealer 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Charles Dimmling

14. MOTHER'S MAIDEN NAME Margaret

WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 212-09-3942 17. INFORMANT Mrs. George W. Bahlke (Daughter) ADDRESS 5412 Springlake Way

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO

(C) DUE TO

Myocardial fibrosis

Coronary arteriosclerosis

more than 5 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept 7, 1953 to Sept 22, 1953, that I last saw the deceased alive on Sept 22, 1953, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

TE RECEIVED BY CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

EP 251534

Huntington, William, Jr.

HENRY SANDER &amp; SONS, INC.

Baltimore Md.

VS 150

29063

Seang F. Sander

1000

STATE OF NEW YORK

1000

*[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a multi-paragraph document, possibly a legal or official record, with several lines of text visible across the page.]*

*[Illegible text lines follow, including what might be a title or header section.]*

*[Illegible text lines follow, possibly a body paragraph.]*

*[Illegible text lines follow, possibly a concluding section or signature area.]*



164 8555		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 8555 Registered No.	
NAME OF DECEASED (Last, first, middle or Print)			2. DATE OF DEATH		
JOHN WILLIAM GABRIELSON			Sept. 23, 1953		
PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)			A. STATE Maryland		
B. COUNTY			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
1717 E. 31st Street			Baltimore		
Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location)		
1111			1717 E. 31st Street		
SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
Male	White	Married	Jan. 21, 1897	56	Under 24 Hours Hours Min.
11. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY?		
Reman shipping dep't, soap mfr.			U.S.A.		
FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Hans Gabrielson			Eva Nelson		
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)			17. INFORMANT ADDRESS		
Yes World War 11			Mrs. Minnie May Gabrielson		
16. SOCIAL SECURITY NO.			18. CAUSE OF DEATH		
215-03-0969			1717 E. 31st Street		
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)			INTERVAL BETWEEN ONSET AND DEATH		
DUE TO			Acute coronary insufficiency immediate		
ANTECEDENT CAUSES			Calcific aortic stenosis 5+ yrs		
DUE TO			Rheumatic endocarditis many yrs		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			Recent myocardial infarction 10 wks		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/28/51, 1951, to 9/23, 1953, that I last saw the deceased alive on 9/17, 1953, and that death occurred at 10:30 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
William D. Penner		1110.29 St.		9/24/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Sept 26, 1953		Baltimore National	
24D. LOCATION (City, town, or county)		24E. LOCATION (City, town, or county)		24F. LOCATION (City, town, or county)	
Baltimore, Maryland		Baltimore, Maryland		Baltimore, Maryland	
25. FUNERAL DIRECTOR'S ADDRESS		25. FUNERAL DIRECTOR'S ADDRESS		25. FUNERAL DIRECTOR'S ADDRESS	
H. BANDER & SONS, INC.		H. BANDER & SONS, INC.		H. BANDER & SONS, INC.	
Baltimore, Maryland		Baltimore, Maryland		Baltimore, Maryland	
VS 150					

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS  
OFFICE OF THE REGISTRAR  
ALBANY, N. Y.

CERTIFICATE OF DEATH

NO. 1000

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS DRUGS

PREVIOUS ALCOHOL

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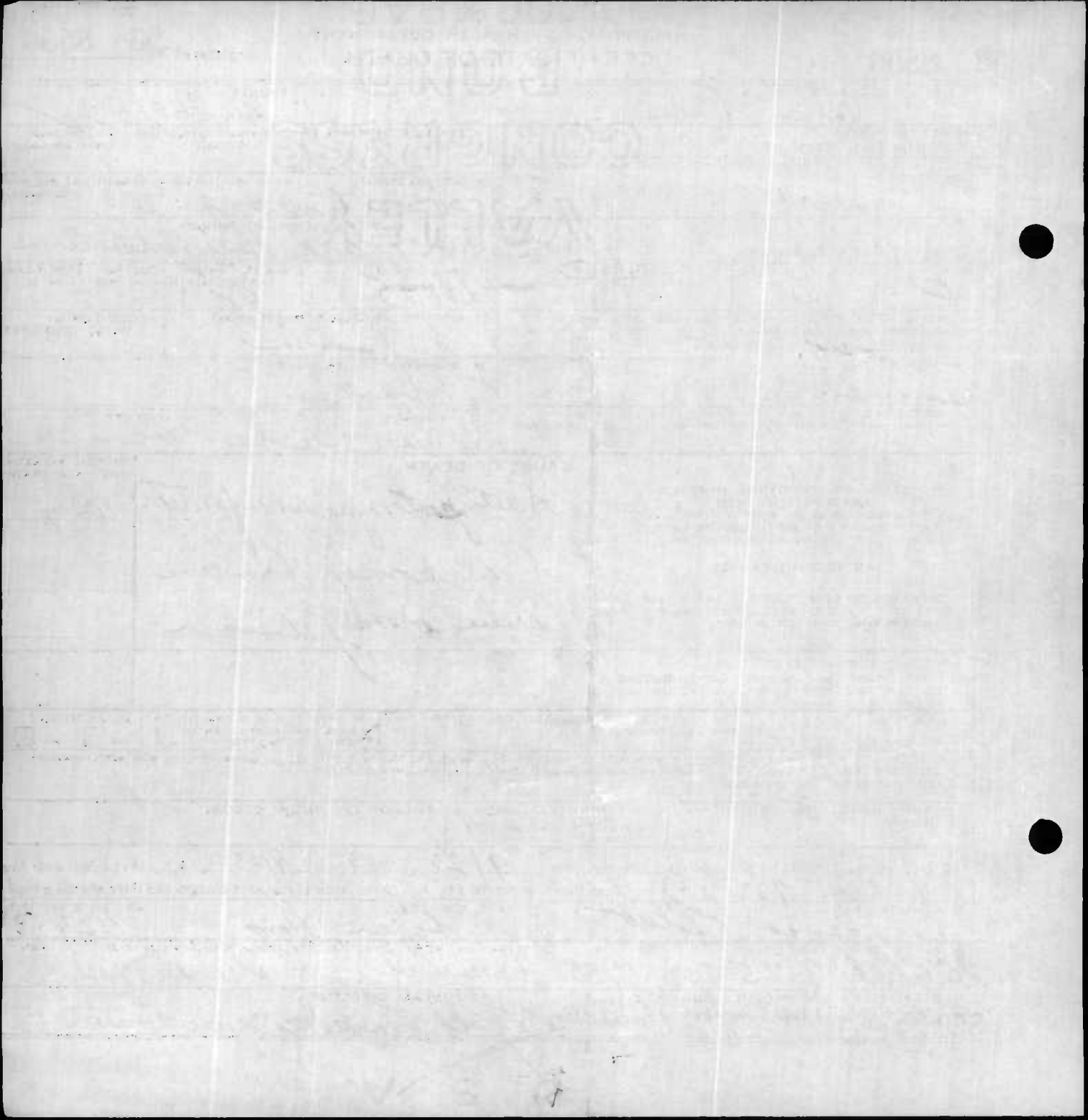
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 8556**

BIRTH NO. **53 8556**

1. NAME OF DECEASED (Type or Print) <i>Jennie Sachs</i>			2. DATE OF DEATH <i>9/23/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>SINAI</i>			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>42</i>			D. STREET ADDRESS (If rural, give location) <i>3451 Park Heights Ave</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>1895</i>	9. AGE (In years last birthday) <i>58</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Dr.</i>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <i>Samuel</i>			14. MOTHER'S MAIDEN NAME <i>Tobey</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Isaac Sachs - Son</i>			ADDRESS		
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Acute post myocardial infarction</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>Acute coronary thrombosis</i> <i>Chronic coronary disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9/23, 1953</i> , to <i>9/23, 1953</i> that I last saw the deceased alive on <i>9/23, 1953</i> and that death occurred at <i>11:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>David S. [Signature]</i>		23B. ADDRESS <i>Sevier House</i>		23C. DATE SIGNED <i>9/23/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>9-25-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Carmel</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>		24E. FUNERAL DIRECTOR <i>William Walliams, Mt Carmel</i>		24F. ADDRESS <i>2100 Gutter Rd</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 25 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Walliams, M.D.</i>			



53 8557

MAT-173143

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

53 8557

BIRTH NO.

To Be Approved By Medical Examiner

1. NAME OF DECEASED (Type or Print) <b>Mary Varinski</b>			2. DATE OF DEATH <b>Sept. 23, 1953</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>62 yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>3421 Lombard St. zone 24</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>Wh</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid.</b>	8. DATE OF BIRTH <b>Dec. 25, 1863</b>	9. AGE (In years last birthday) <b>89</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Dec.</b>			14. MOTHER'S MAIDEN NAME <b>Dec.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>B. C. H. 4940 Eastern Ave. (record)</b>		

18. **E 903.0**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Pneumonia**

DUE TO

## ANTECEDENT CAUSES

(B) **Fracture Of Right Hip**

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

## CERTIFICATION APPROVED BY

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION <b>8-10-1953</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <b>Nail in Hip</b>	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Fell in Back Yard</b>	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <b>3421 Lombard St 26/8</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>8-6-53</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Fell to ground</b>	
22. I hereby certify that I attended the deceased from <b>8-6, 1953</b> , to <b>9-23, 1953</b> , that I last saw the deceased alive on <b>9-23, 1953</b> , and that death occurred at <b>10:10 PM</b> , from the causes and on the date stated above.			
23A. SIGNATURE <i>H. J. ...</i>	23B. ADDRESS <b>4940 Eastern Ave.</b>	23C. DATE SIGNED <b>9-23-53</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>SEP 26 1953</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Rosary</b>	24D. LOCATION (City, town, or county) (State) <b>Balto. County</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 25 1953</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <b>Mrs. Mary Weber</b>	ADDRESS <b>401 S. Cherry</b>

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8558

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JULIA

JASKULSKI

2. DATE  
OF  
DEATH

Sept. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY (before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

14 S. Washington Street

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6/14/1897

9. AGE (In years  
last birthday)

56

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Kowalski

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Edward Jaskulski-304 S. Collington Ave.

18. E983X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Recent trephine opening following  
decompression fracture of left  
temporo-parietal skull

ANTECEDENT CAUSES

(B) Contusion, laceration and infection of  
left temporo-parietal region of brainDISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

14 S. Washington Street

21D. TIME (Month) (Day) (Year) (Hour)

August 27, 1953

m.

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☒

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

Struck on head by husband

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Joseph G. Jachimec

M.D.

23B. CHIEF MEDICAL EXAMINER...  
ASSISTANT MEDICAL EXAMINER...  
MEDICAL INVESTIGATOR...

23C. DATE SIGNED

Sept. 24, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sep. 26/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county)

Balto. County

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mary Weber 401 S. Chestnut

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MARGIN RESERVED FOR BINDING  
PLEASE WRITE PLAIN, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 8559**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JOSEPH A. WILBURN</b>			2. DATE OF DEATH <b>Sept. 24, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>University Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>702 W. Lexington Street</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 21-1878</b>	9. AGE (In years last birthday) <b>74</b>	10 Under 1 Year Months: Days: 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>W.D.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>John Wilburn</b>			14. MOTHER'S MAIDEN NAME <b>Ida Bowman</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mary Wilburn - Bethesda, Md.</b>		

18. <b>422.1</b> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b>		
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B)		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <b>Joseph G. Jachimczyk</b> M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	23C. DATE SIGNED <b>Sept. 24, 1953</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept. 27/53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St. Johns</b>	24D. LOCATION (City, town, or county) (State) <b>Forest Glen Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 25 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Robert A. Pharmacy</b> <b>Bethesda, Md.</b>

MARGIN RESERVED FOR BINDING  
PLEASE WRITE PLAIN, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53

8560

Registered No.

TH NO.

1. NAME OF DECEASED (Last, first, middle, or Print) <i>Elsie Cooksey Holland</i>		2. DATE OF DEATH <i>Sept 24-1953</i>	
3. PLACE OF DEATH: Baltimore City, Maryland <i>604 E 41st St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>9-01</i>	
5. FULL NAME OF SPITAL OR INSTITUTION <i>604 E 41st St</i> <i>75</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
7. Length of stay in Baltimore Yrs. <i>75</i> Mos. <i>75</i> Days <i>75</i>		8. STREET ADDRESS (If rural, give location) <i>604 E 41st St</i>	
9. SEX <i>F</i>	10. COLOR OR RACE <i>W</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	12. DATE OF BIRTH <i>May 15-1869</i>
13. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) <i>Housewife</i>		14. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	15. AGE (In years last birthday) <i>84</i>
16. FATHER'S NAME <i>E. L. Cooksey</i>		17. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
18. MOTHER'S MAIDEN NAME <i>Julia Waters</i>		19. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
20. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		21. SOCIAL SECURITY NO. <i>Raymond C. Holland 604 E 41st St</i>	
22. INFORMANT <i>Raymond C. Holland 604 E 41st St</i>		23. ADDRESS <i>Raymond C. Holland 604 E 41st St</i>	

18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i>		19. CAUSE OF DEATH <i>Uremia</i>	20. INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Chronic C. V. R.D.</i>		(A) DUE TO	(B) DUE TO
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *1945* to *Sept. 24*, 1953, that I last saw the deceased alive on *Sept 23*, 1953, and that death occurred at *1:45 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>John H. Hall</i>		23B. ADDRESS <i>4113 E. 41st St</i>		23C. DATE SIGNED <i>9/25/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Sept 26, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. FUNERAL DIRECTOR <i>Huntington Hollister, 4113 E. 41st St</i>		24F. ADDRESS <i>4113 E. 41st St</i>	
25. RECEIVED BY CAL REGISTRAR <i>SEP 25 1953</i>		26. VS 150			

REPORT OF THE BOARD OF HEALTH  
OF THE CITY OF NEW YORK  
FOR THE YEAR 1900

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8561

3 8561

NAME OF DECEASED (Name or Print) <i>Charles Reid Hamilton</i>		2. DATE OF DEATH <i>9-24-1953</i>	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
FULL NAME OF (If not in hospital or institution, give street address or location) SPITAL OR INSTITUTION <i>Mercy Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write I.R.A. and give township) <i>Baltimore</i>	
Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>1907 E. Belvedere Ave.</i>	
SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>6-1-1884</i>
9. AGE (in years last birthday) <i>69</i>		10. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Canvas</i>		14. MOTHER'S MAIDEN NAME <i>Emily Mooten</i>	
15. SOCIAL SECURITY NO. <i>unknown</i>		16. INFORMANT <i>Wife - IRENE M. Same</i>	
17. CAUSE OF DEATH <i>Chemia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>446x and 260x</i>		(A) <i>Chemia</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>hypertension</i>	
		(C) <i>Generalized Arteriosclerosis</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Diabetes mellitus - Hypertension - Congestive Heart Failure - BPH - CVA.</i>	
19A. DATE OF OPERATION <i>9-16-53</i>		19B. MAJOR FINDINGS OF OPERATION <i>Benign Prostatic Hypertrophy</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>9-21</i> , 1953 to <i>9-24</i> , 1953, that I last saw the deceased alive on <i>9-24</i> , 1953, and that death occurred at <i>6:25 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Corbett Quinn</i>		23B. ADDRESS <i>Mercy Hospital</i>	
23C. DATE SIGNED <i>9-24-53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9-28-53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood Cem</i>		24D. LOCATION (City, town, or county) (State) <i>BALTOO Md</i>	
25. REGISTRAR'S SIGNATURE <i>Thurston Walling</i>		25. FUNERAL DIRECTOR <i>Lernard Luck</i>	
25. ADDRESS <i>5305 Harford Rd</i>			

STATE OF NEW YORK  
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
DATE OF BIRTH		PLACE OF BIRTH		MARRIAGE		EDUCATION		OCCUPATION		RELIGION	
CAUSE OF DEATH		MANNER OF DEATH		MEDICAL ATTENDANCE		CORONER'S OFFICE		BURIAL		REMARKS	
SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES		SIGNATURE OF PHYSICIAN		SIGNATURE OF CORONER		SIGNATURE OF BURIAL		SIGNATURE OF REMARKS	

K-452  
8562BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8562

IRTH NO.

NAME OF DECEASED  
(Type or Print)

KLUNK, JAMES L. SR

2. DATE  
OF  
DEATH

9/24/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

Church Home &amp; Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

56

SEX

m

6. COLOR OR RACE

w

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

m

A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

mechanic) Supt Proving Grounds

10B. KIND OF BUSINESS OR  
U.S. INDUSTRY

FATHER'S NAME

Charles A. Klunk

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

yes

WWI

16. SOCIAL  
SECURITY NO.

213-05-7686

8. DATE OF BIRTH

Sept. 4, 1897

9. AGE (in years  
last birthday)

56

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Mary Kolb

17. INFORMANT

ADDRESS

Church Home &amp; Hospital

18. 195x 1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma of adrenal

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Heated Pulmonary Tuberculosis  
Pulmonary Emphysema 2 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from Aug. 31, 1953, to Sept 24, 1953, that I last saw the  
deceased alive on Sept 24, 1953, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

David F. Danson

M. D.

23B. ADDRESS

Church Home &amp; Hospital

23C. DATE SIGNED

9/24/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Burial Sept 28-1953

24C. NAME OF CEMETERY OR CREMATORY

Balto National

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

SEP 25 1953

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Ruck 5305 Harford

ADDRESS



215

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8563

8563

NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Goldie L. Despines		Sept. 23, 1953	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hospital		A. STATE Maryland B. COUNTY Baltimore	
Length of stay in Baltimore 30 years		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
SEX F		D. STREET ADDRESS (If rural, give location) 3607 Parkside Drive	
6. COLOR OR RACE W		8. DATE OF BIRTH March 4, 1904	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		9. AGE (In years last birthday) 49	
A. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) House wife		11. BIRTHPLACE (State or foreign country) Cumberland, Md.	
10B. KIND OF BUSINESS OR INDUSTRY at home		12. CITIZEN OF WHAT COUNTRY? USA	
FATHER'S NAME Harry Chilcott		14. MOTHER'S MAIDEN NAME Minnie Cecil	
WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mike Despines		ADDRESS 3607 Parkside Drive	
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Coronary Thrombosis Anteriosclerotic Cardio-vascular Disease INTERVAL BETWEEN ONSET AND DEATH 3 years			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 30, 1950, to Sept. 23, 1953, that I last saw the deceased alive on Aug. 31, 1953, and that death occurred at 5:30 A.M., from the causes and on the date stated above.			
23A. SIGNATURE Samuel Borofe		23B. ADDRESS 1331 E North Ave	
23C. DATE SIGNED 9-24-53			
A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-28-53	
24C. NAME OF CEMETERY OR CREMATORY Greek Orotbox Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
25. FUNERAL DIRECTOR Chas F. Evans & Son			
118 W. Mt. Royal Ave.			

Dr. Samuel Wolf  
1331 E. North Ave.



400  
Released by Medical Examiner  
8564  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH  
Registered No. 53 8564

NAME OF DECEASED (Type or Print) **Feehley, Walter**

2. DATE OF DEATH **September 24, 1953**

PLACE OF DEATH: **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
A. STATE **Maryland**  
C. CITY OR TOWN **Baltimore**  
D. STREET ADDRESS (If rural, give location) **1200 Valley St. Freston & Valley St.**

FULL NAME OF (If not in hospital or institution, give street address or location)  
SPITAL OR **St. Joseph's**  
CITY OR TOWN

Length of stay in Baltimore  
Yrs. **10-01**  
Mos. **63**  
Days

SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH **Sept. 27, 1889** 9. AGE (In years last birthday) **63** If Under 1 Year Months Days If Under 24 Hours Hours Min.

10. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) **Minnesota** 12. CITIZEN OF WHAT COUNTRY?

FATHER'S NAME **John J. Feehley** 14. MOTHER'S MAIDEN NAME **Mary Gibbons**

13. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **X** 17. INFORMANT **Little Sisters of the Poor** ADDRESS

18. **447 X and E 900.7** CAUSE OF DEATH  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
(A) **Cardiac failure**  
DUE TO  
ANTECEDENT CAUSES  
(B) **Hypertension & Generalized arteriosclerosis**  
DUE TO  
(C) **sclerosis**

INTERVAL BETWEEN ONSET AND DEATH  
CERTIFICATION APPROVED  
ON ASST. MEDICAL EXAMINER

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **Laceration, rt. orbital region; Comminuted frac., prox. end of rt. tibia; Frac. rt. fibula, lt.**

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION **tibia & fibula** 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Little Sisters of the Poor** 21C. WHERE DID INJURY OCCUR? **1200 Valley St.**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY **Aug. 17, 1953** 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 21F. HOW DID INJURY OCCUR? **Fell down the stairs**

22. I hereby certify that I attended the deceased from **September 17, 1953**, to **September 24, 1953** that I last saw the deceased alive on **Sept. 24, 1953**, and that death occurred at **10:37 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Blasio E. Luyang** 23B. ADDRESS **1100 N. Caroline Street** 23C. DATE SIGNED **Sept. 24, 1953**

24. A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Sept. 26/53** 24C. NAME OF CEMETERY OR CREMATORY **Cathedral** 24D. LOCATION (City, town, or county) (State) **Baltimore**

DATE RECEIVED BY LOCAL REGISTRAR **SEP 25 1953** REGISTRAR'S SIGNATURE **Huntington Williams** M.D. **Rita Winfield** 900 E. Biddle St.

VS 150  
N 823.0

STATE OF NEW YORK  
CERTIFICATE OF DEATH

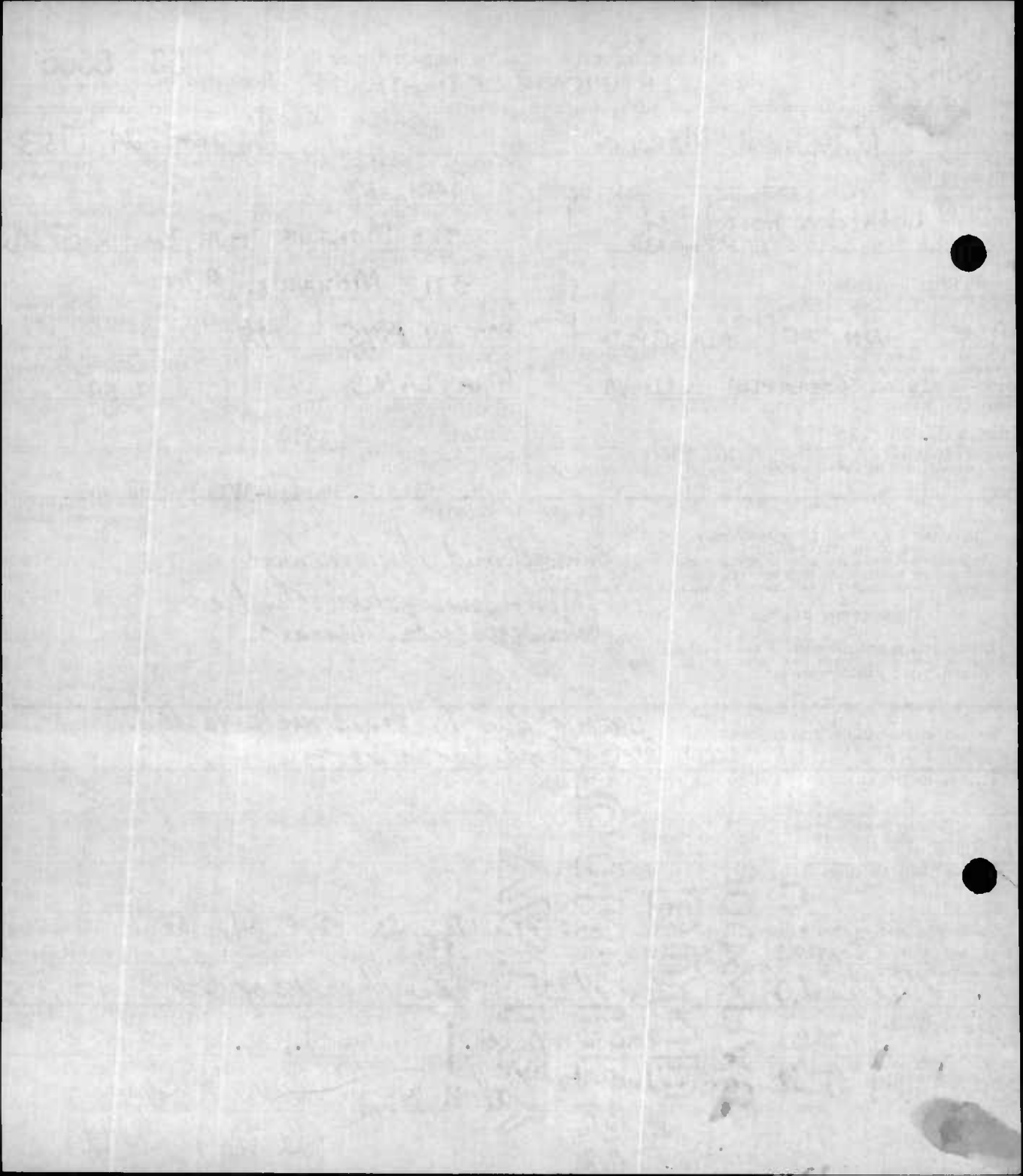
Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Sex		Race	
Marital Status		Cause of Death	
Occupation		Place of Death	
Signature of Physician		Signature of Registrar	
Date of Certificate		Place of Issuance	

M-635  
8565

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8565

TH NO.		NAME OF DECEASED (Last, first, middle, or Print)		2. DATE OF DEATH	
		MILTON H. MARTIN		SEPT. 24, 1953	
PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
Baltimore City, Maryland		A. STATE MARYLAND B. COUNTY			
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Lutheran Hospital of MARYLAND		3713 MOHAWK AVE, BALTIMORE, MD			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
		3713 MOHAWK AVE			
SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	10. Under 1 Year Months: Days
MALE	WHITE	MARRIED	OCT 29, 1875	77	
USUAL OCCUPATION (Give kind of work during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Clerk-Revision Bureau (rtd) Railroad			MARYLAND		USA
FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Thomas E. Martin		Helen (?)			
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
			Mrs. Anita M. Martin-3713 Mohawk Ave.		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
443X and 199.9		(A) Subarachnoid Hemorrhage			
ANTECEDENT CAUSES		DUE TO Hypertensive arteriosclerotic Cardiovascular Disease			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		UREMIA due to Renal metastasis in Generalized Carcinomatosis			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from SEPT. 17, 1953, to Sept. 24, 1953, that I last saw the deceased alive on Sept 23, 1953, and that death occurred at 1:45 A. M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
William Drasson M.D.		Lutheran Hospital of Md		Sept 24, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial	9/26/53	Loudon Park Cem.		Balto., Md.	
25. RECEIVED BY		25. FUNERAL DIRECTOR'S ADDRESS			
SEP 25 1953		Huntington Williams, M.D.		J. J. Pickens & Sons	
VS 150		Balto. 17, Md.			



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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8556  
Registered No.

TH NO.

NAME OF DECEASED  
(Last, first, and middle name or Print)

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF DECEASED  
(If not in hospital or institution, give street address or location)

3425 TAYLOR AVE

Length of stay in Baltimore

SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

USUAL OCCUPATION (Only kind of  
done during most of working life, or last retired)

WATCHMAN RET

10. KIND OF BUSINESS OR  
INDUSTRY

Distilling Co

FATHER'S NAME

HENRY KUESTER

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

716-054501

8. DATE OF BIRTH

MAR 1874

9. AGE (in years  
last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

—

13. INFORMANT

MATILDA KUESTER

ADDRESS

3425 TAYLOR AVE

18. 163X

CAUSE OF DEATH

(A) Carcinomatous

DUE TO

(B) Carcinoma of lung -

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

3 mths?

6 mths?

10 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

arterio-sclerotic cv disease

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

no

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

none

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐

WORK

NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1949, to 9/24, 1953 that I last saw the deceased alive on 9/24, 1953, and that death occurred at 11:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Maurice Feldman Jr.

M. D.

23B. ADDRESS

The Patroche, Charles St.

23C. DATE SIGNED

9/25/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9-28-1953

24C. NAME OF CEMETERY OR CREMATORY

WESTERN (CEM)

24D. LOCATION (City, town, or county)

BALTO, MD

(State)

TE RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

JOSEPH B. M. Walters

ADDRESS

PRATT &amp; STRICKER STS

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Occupation		10. Education		11. Marital Status		12. Signature of Physician	
13. Signature of Registrar		14. Signature of Coroner		15. Signature of Medical Examiner		16. Signature of Funeral Home	
17. Signature of Burial Place		18. Signature of Cemetery		19. Signature of Interment		20. Signature of Burial	
21. Signature of Burial		22. Signature of Burial		23. Signature of Burial		24. Signature of Burial	
25. Signature of Burial		26. Signature of Burial		27. Signature of Burial		28. Signature of Burial	
29. Signature of Burial		30. Signature of Burial		31. Signature of Burial		32. Signature of Burial	
33. Signature of Burial		34. Signature of Burial		35. Signature of Burial		36. Signature of Burial	
37. Signature of Burial		38. Signature of Burial		39. Signature of Burial		40. Signature of Burial	
41. Signature of Burial		42. Signature of Burial		43. Signature of Burial		44. Signature of Burial	
45. Signature of Burial		46. Signature of Burial		47. Signature of Burial		48. Signature of Burial	
49. Signature of Burial		50. Signature of Burial		51. Signature of Burial		52. Signature of Burial	
53. Signature of Burial		54. Signature of Burial		55. Signature of Burial		56. Signature of Burial	
57. Signature of Burial		58. Signature of Burial		59. Signature of Burial		60. Signature of Burial	
61. Signature of Burial		62. Signature of Burial		63. Signature of Burial		64. Signature of Burial	
65. Signature of Burial		66. Signature of Burial		67. Signature of Burial		68. Signature of Burial	
69. Signature of Burial		70. Signature of Burial		71. Signature of Burial		72. Signature of Burial	
73. Signature of Burial		74. Signature of Burial		75. Signature of Burial		76. Signature of Burial	
77. Signature of Burial		78. Signature of Burial		79. Signature of Burial		80. Signature of Burial	
81. Signature of Burial		82. Signature of Burial		83. Signature of Burial		84. Signature of Burial	
85. Signature of Burial		86. Signature of Burial		87. Signature of Burial		88. Signature of Burial	
89. Signature of Burial		90. Signature of Burial		91. Signature of Burial		92. Signature of Burial	
93. Signature of Burial		94. Signature of Burial		95. Signature of Burial		96. Signature of Burial	
97. Signature of Burial		98. Signature of Burial		99. Signature of Burial		100. Signature of Burial	



S-315  
53 8567BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8567  
Registered No.

1. NAME OF DECEASED (Type or Print)		EDWARD STEVENSON		2. DATE OF DEATH September 22, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 910 Peach Alley			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-24-1885	9. AGE (In years last birthday)	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Edgewood		11. BIRTHPLACE (State or foreign country) Louisville, Ky.	
13. FATHER'S NAME Unknown-		14. MOTHER'S MAIDEN NAME Unknown-			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 216-07-3871		17. INFORMANT Katherine Stevenson	
18. 157X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the pancreas		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. Spriggs		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER		23C. DATE SIGNED Sept. 23, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 26-53		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR SEP 25 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. DATE RECEIVED BY LOCAL REGISTRAR SEP 25 1953		24H. REGISTRAR'S SIGNATURE Huntington Williams		24I. FUNERAL DIRECTOR W. B. Spriggs	
24J. ADDRESS 139 W. Hamling St.		24K. ADDRESS 9709,		24L. ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1026 88

RECEIVED

1026 88

1026 88

RECEIVED

1026 88

1026 88

K-656  
33 8568

53 8568

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

RTH NO. \_\_\_\_\_

NAME OF DECEASED  
(Type or Print)

ANNIE KRAMER

2. DATE  
OF  
DEATH

Sept. 23, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
OSPITAL OR  
STITUTION

2330 Annapolis Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2330 Annapolis Ave.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Widow

8. DATE OF BIRTH

3-3-1865

9. AGE (In years  
last birthday)

88

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR  
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Wash. D.C.

12. CITIZEN OF  
WHAT COUNTRY?

FATHER'S NAME

Christian Mulhbach

14. MOTHER'S MAIDEN NAME

Annie ---

1. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.  
None

17. INFORMANT

ADDRESS

Lloyd Kramer 2328 Annapolis Ave.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Thrombosis

 $\frac{1}{2}$  hr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Hypertensive &amp; Atherosclerotic Heart Disease 20 yrs

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Generalized Atherosclerosis 20 yrs

20 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1950, to September 23, 1953, that I last saw the  
deceased alive on Sept 2, 1953, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

L. W. H. Rossberg

M. D.

23B. ADDRESS

2436 Washington Blvd - 20

23C. DATE SIGNED

9/25/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-26-53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 25 1953

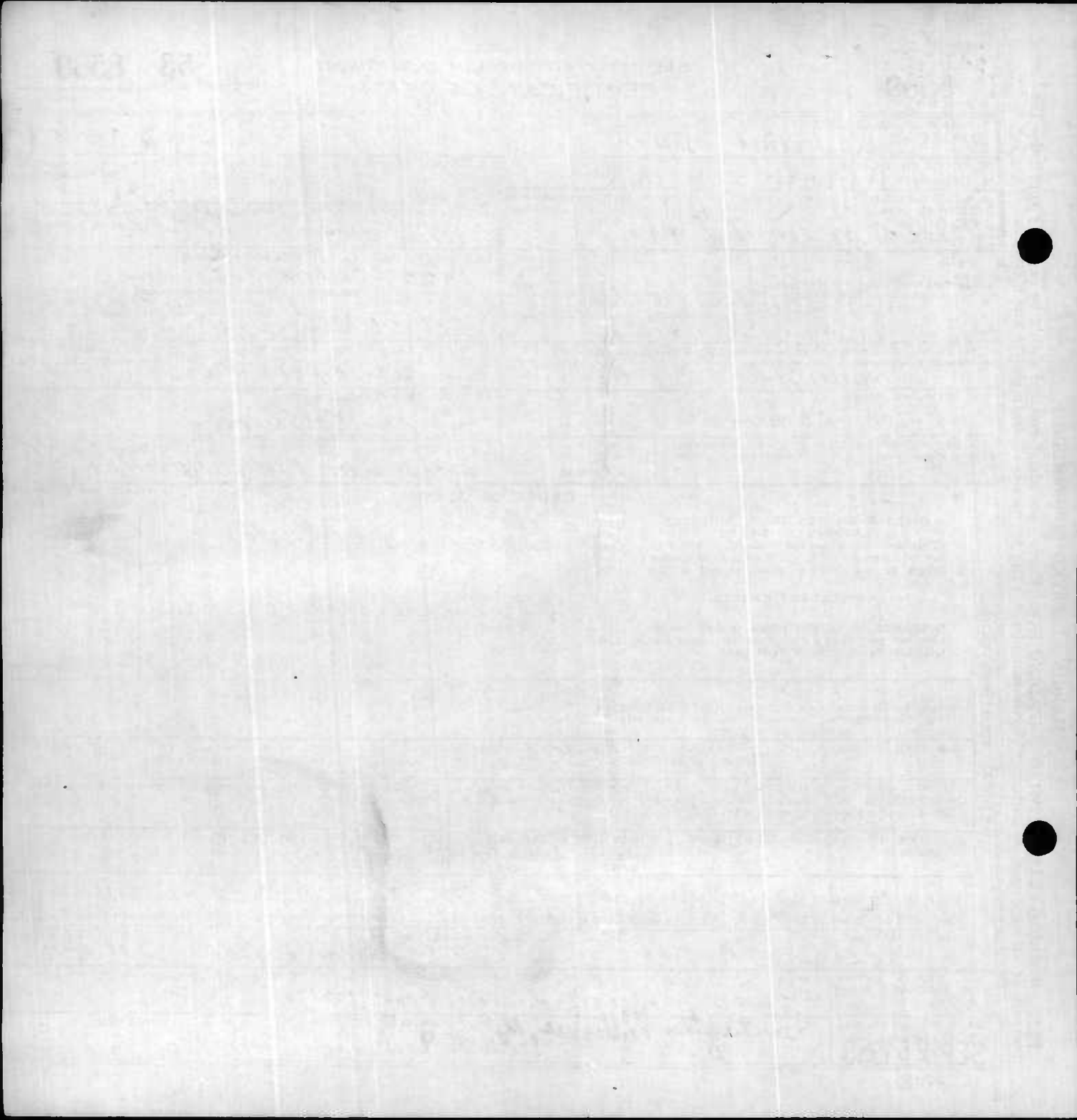
Huntington Williams, Jr.

Singer &amp; Son - Catonsville, Md.

2

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8569**BIRTH NO. **1D-600**

1. NAME OF DECEASED (Type or Print) <b>Katherine Durr</b>		2. DATE OF DEATH <b>Sept. 24-53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>8-03</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>1322 N. Linwood Ave</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore Yrs. <b>0-0</b> Mos. <b>0-0</b> Days <b>0-0</b>		D. STREET ADDRESS (If rural, give location) <b>1322 N. Linwood Ave</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid</b>	8. DATE OF BIRTH <b>OCT 25-1868</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (State or foreign country) <b>Winchester Van</b>	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Peter Abshire</b>		14. MOTHER'S MAIDEN NAME <b>Sarah Keslinger</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>J. Nathan Durr</b>		ADDRESS <b>Balto.</b> <b>2001 Hillenwood Rd</b>	
18. <b>442X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Chronic Nephritis</b> (A) <b>Chronic Nephritis</b> DUE TO <b>Arteriosclerotic C.V. Disease</b> (B) <b>Arteriosclerotic C.V. Disease</b> DUE TO (C) <b>Arteriosclerotic C.V. Disease</b>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) OF INJURY		21F. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>June 1940</b> , to <b>Sept. 24, 1953</b> , that I last saw the deceased alive on <b>Sept 24, 1953</b> , and that death occurred at <b>11:05 P.M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Nathan Durr</b>		23B. ADDRESS <b>7101 Harford Rd.</b>	
23C. DATE SIGNED <b>9/25/53</b>		23D. NAME OF CEMETERY OR CREMATORY <b>Moreland Mem. Park</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/26/53</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Balto Co.</b>		24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 25 1953</b>		REGISTRAR'S SIGNATURE <b>Wm Cook, Inc</b>	
FUNDAL DIRECTOR <b>Wm Cook, Inc</b>		ADDRESS <b>Balto.</b>	





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

53 8570

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Ruth F Stoner</b>		2. DATE OF DEATH <b>9/25/53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Balto</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hosp</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 27-54</b>	
C. Length of stay in Baltimore <b>12</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>5819 Benton Hts Ave.</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>7/25/98</b>
9. AGE (In years last birthday) <b>55</b>		10. Under 1 Year Months: Days: Hours: Min.	11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hs wr</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>—</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Edgar Smeal.</b>	
14. MOTHER'S MAIDEN NAME <b>Fannie Goss</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT ADDRESS <b>William Stoner above</b>	

18. <b>175X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinomatosis.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Papillary Cystadenoma - carcinoma of ovary.</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

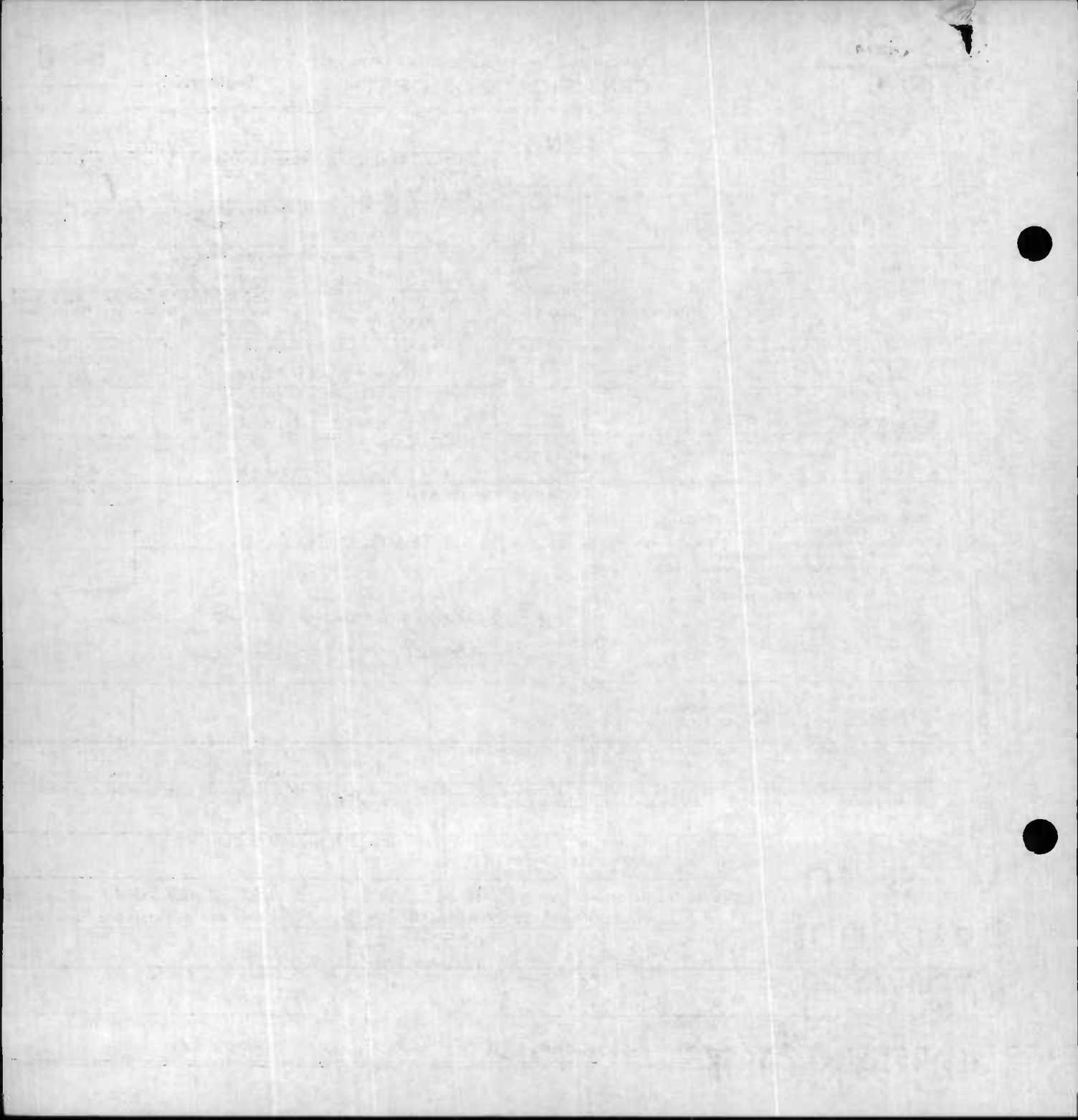
19A. DATE OF OPERATION <b>9/20/53</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **9/20/53**, 19**53**, to **9/25**, 19**53**, that I last saw the deceased alive on **9/25**, 19**53**, and that death occurred at **1:10A m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Charles W Brady</b>		23B. ADDRESS <b>University Hosp.</b>		23C. DATE SIGNED <b>9/25/53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24B. DATE <b>9/25/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Grandview Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Abtoms Pk.</b>		24E. NAME OF FUNERAL DIRECTOR <b>Cook Inc.</b>		24F. ADDRESS <b>Balto.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 25 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Hollister</b>		25. FUNERAL DIRECTOR ADDRESS	

MARGIN RESERVED FOR BINDING

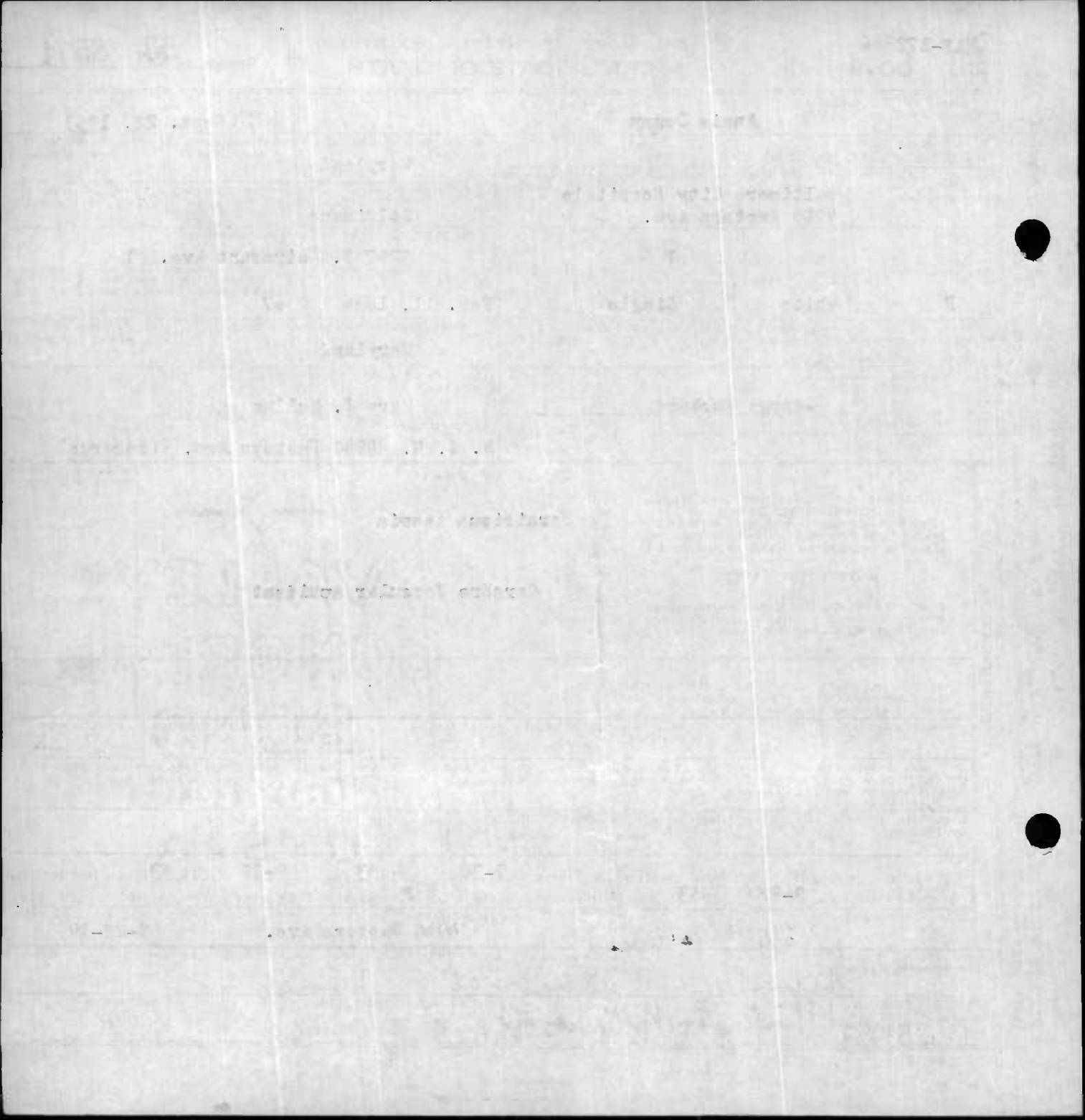
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



D-500  
MAF-172886  
53 8571BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8571

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <b>Annie Denny</b>			2. DATE OF DEATH <b>Sept. 22, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals 4940 Eastern Ave.</b>			D. STREET ADDRESS (If rural, give location) <b>3207 E. Fairmount Ave. #1</b>			E. Length of stay in Baltimore <b>1</b> Yrs. Mos. Days		
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Feb. 11, 1886</b>		9. AGE (In years last birthday) <b>67</b>	If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>George Hubbard</b>			14. MOTHER'S MAIDEN NAME <b>Mary J. Mullin</b>			17. INFORMANT ADDRESS <b>B. C. H. 4940 Eastern Ave. (records)</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.					
18. <b>290.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pernicious Anemia</b> DUE TO ANTECEDENT CAUSES <b>Cerebro Vascular Accident</b> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <b>0</b>			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>7-30</b> , 19 <b>53</b> , to <b>9-22</b> , 19 <b>53</b> that I last saw the deceased alive on <b>9-22</b> , 19 <b>53</b> , and that death occurred at <b>8 P</b> m., from the causes and on the date stated above.								
23A. SIGNATURE <b>H. J. Mullin</b>			23B. ADDRESS <b>4940 Eastern Ave.</b>			23C. DATE SIGNED <b>9-22-1953</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE <b>Sept 26, 1953</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Greenmount</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 25 1953</b>			REGISTRAR'S SIGNATURE <b>Huntington Holliman, M.D.</b>			25. FUNERAL DIRECTOR ADDRESS <b>8 E 700 E and 1217 St Paul St</b>		



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8572  
Registered No.W-426  
53 8572  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Carla</i> CLARA WILKERSON			2. DATE OF DEATH Sept. 23, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>119 Forrest Street</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>Feb. 6, 1911</i>		9. AGE (In years last birthday) <i>42</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Charles T Doyle</i>			14. MOTHER'S MAIDEN NAME <i>Zora Connor</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mercer Funeral Home</i> ADDRESS <i>Bluefield W. Va.</i>		

18. <i>E982X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Stab wound of heart</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Multiple lacerations of neck, face, left hand and back</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>house</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>334 E. Lafayette Street</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>9-23-53 5:00 P.</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>stabbed by assailant</i>	
22. I certify that I took charge of the remains described above, held an <i>autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Joseph A. Jackson Jr.</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED <i>Sept. 24, 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>9/25/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Bluefield</i>	
24D. LOCATION (City, town, or county) (State) <i>W. Virginia</i>		25. FUNERAL DIRECTOR <i>W. Cook Inc. Baltimore</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 25 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Wallis, M.D.</i>			

8015

8015

CHRONOLOGICAL INDEX





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 8573**

**M-240**  
**53 8573**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mary M<sup>c</sup>Cauley</b>			2. DATE OF DEATH <b>9-20-53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Mo.</b> B. COUNTY <b>Ba.</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>24 N. Gilmore St.</b>			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <b>Ba.</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>24 N. Gilmore St.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan 26/1909</b>		9. AGE (in years last birthday) <b>44</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Atlanta Ga.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Herbert Jordan</b>			14. MOTHER'S MAIDEN NAME <b>Hattie ?</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs. Emily Smith</b>		
18. <b>192X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Endometrial Carcinoma</b> DUE TO ANTECEDENT CAUSES <b>Obesity</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Obesity</b> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Partial Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <b>natural causes</b> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>William H. Smith</b>			23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>9-20-53</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9/25/1953</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Ba.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 25 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>Katie R. Williams</b>	
VS 151		ADDRESS <b>324 N. Schroeder St.</b>			

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THE HOUSE OF COMMONS

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8574

BIRTH NO. 53 8574

1. NAME OF DECEASED (Type or Print) <i>James Harry Linzey</i>			2. DATE OF DEATH <i>Sept-24-1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Brady 2</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Co-04</i>		
c. Length of stay in Baltimore <i>4 1/2</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>111 N. Durham St. -31</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>2-27-83</i>		9. AGE (In years last birthday) <i>70</i> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cement Finisher</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>
13. FATHER'S NAME <i>James H. Linzey</i>			14. MOTHER'S MAIDEN NAME <i>Sarah Wheeler</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>212-12-8278</i>		
			17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

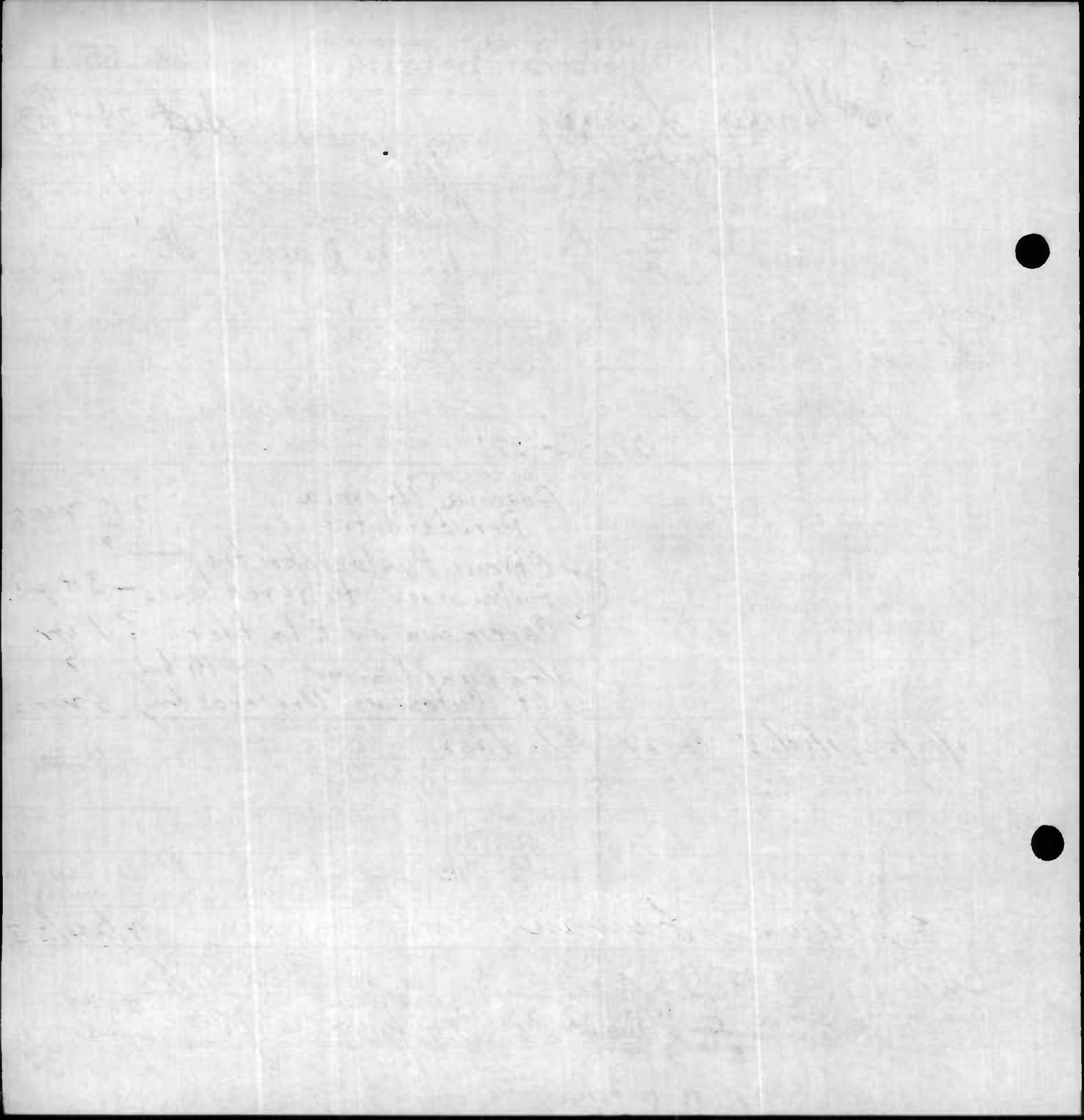
18. <i>181X and 002X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH <i>Anemia Uremia</i> (A) <i>Pericarditis</i> DUE TO <i>Chronic Pyelonephritis</i> (B) <i>Pulmonary tuberculosis</i> DUE TO <i>Carcinoma of Bladder</i> (C)  <i>Non functioning Rt Kidney</i> <i>Left Cutaneous Ureterostomy</i>	INTERVAL BETWEEN ONSET AND DEATH <i>? 6 mos</i> <i>? 3+ yrs</i> <i>? 1 yr.</i> <i>? 6 mos</i>
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19A. DATE OF OPERATION <i>1/19/53, 1/19/53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Ca of Bladder</i>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from *9-23-53*, to *9-24-53*, that I last saw the deceased alive on *9-24-53* and that death occurred at *1:15* p.m., from the causes and on the date stated above.

23A. SIGNATURE <i>William Brannan</i> M. D.	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>9/24/53</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Sept 28/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 25 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>Philips Herwig Sons</i> ADDRESS <i>2024</i>



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8575  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George J. Rohrman

2. DATE  
OF  
DEATH

Sept 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Fork Baltimore Md.

D. STREET ADDRESS (If rural, give location)

1711 Summit Avenue

c. Length of stay in Baltimore

Life

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

12-18-1894

9. AGE (In years last birthday)

55 54

10. Under 1 Year

9 5

11. Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Sanitation Dept.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF

U.S.A.

13. FATHER'S NAME

Ernest Rohrman

14. MOTHER'S MAIDEN NAME

Louisa Meeber

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

7

17. INFORMANT'S ADDRESS

JOHNS HOPKINS HOSPITAL

18. 002X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Tuberculosis of lung  
and Central Nervous System

(B) Septic.

(C)

INTERVAL BETWEEN ONSET AND DEATH

Over 1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/18, 1953, to 9/23, 1953 that I last saw the deceased alive on 9/23, 1953, and that death occurred at 2:25 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Lawrence L. Reed

23B. ADDRESS

N. D.

23C. DATE SIGNED

9/23/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-26-1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county) (State)

East North Ave. Balto: Md.

DATE RECEIVED BY LOCAL REGISTRAR

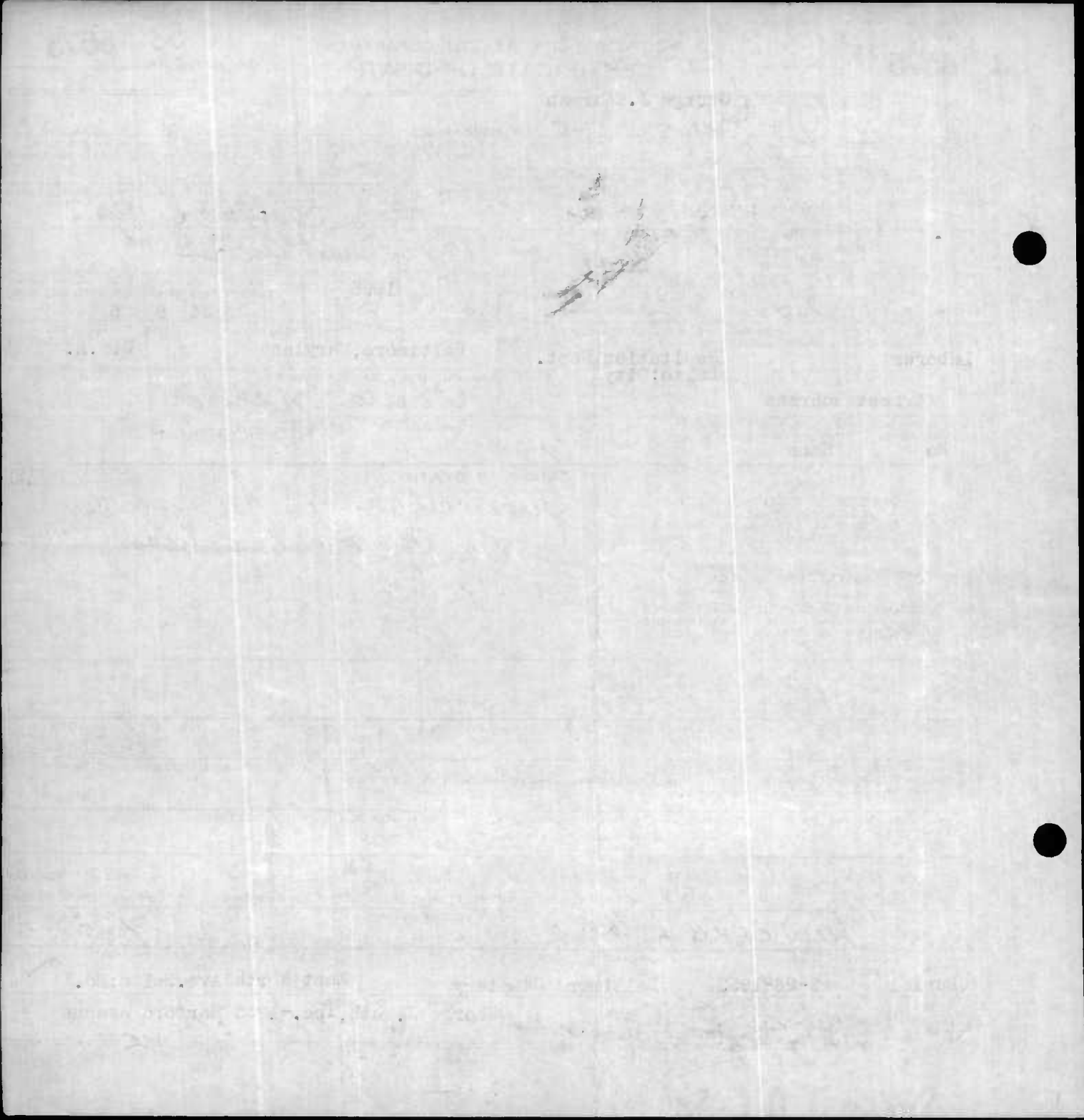
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

George J. Ruth, Inc. 1735 Harford Avenue

ADDRESS

SEP 25 1953





53 E-320  
8576BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8576  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Alice R. Miles Eads

2. DATE  
OF  
DEATH

Sept. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write TOWNSHIP and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

808 W. Fayette Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 19, 1914

9. AGE (in years  
last birthday)

38

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR  
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Miles

14. MOTHER'S MAIDEN NAME

Anna Miles

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

0

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Anna Miles 808 W. Fayette St

18. 260X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Diabetes mellitus

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachims

M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 24, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/27/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

O. Wilson

VS 151

7206A

ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1953

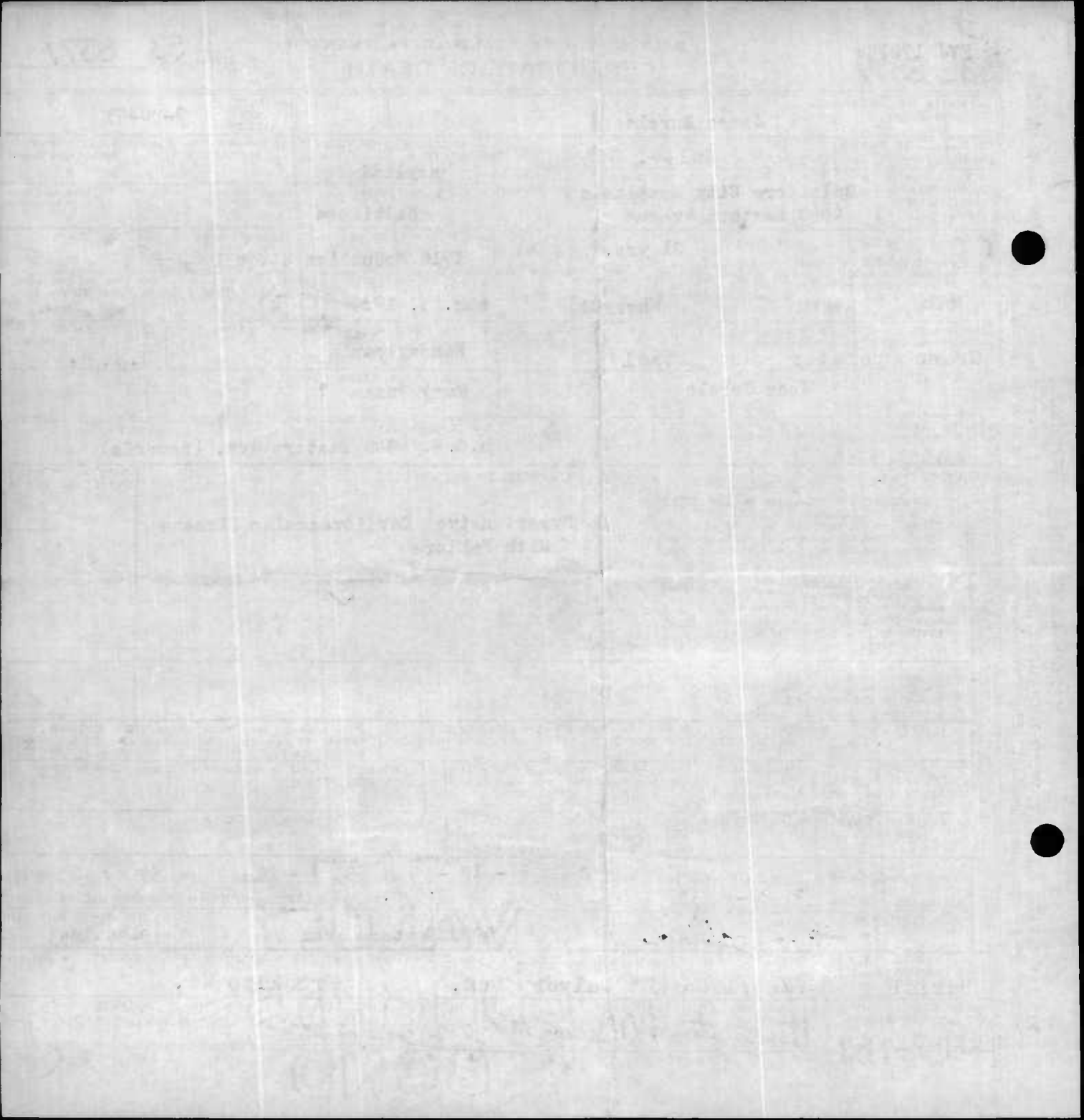
1953



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8577****B-642**  
**FVJ 174256**  
**53 8577**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>James Burels</b>			2. DATE OF DEATH <b>9-20-53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>21 yrs.</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1710 McCubbins St. #31</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 5, 1904</b>	9. AGE (In years last birthday) <b>49</b>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Crane Operator</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Steel</b>	11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>John Burels</b>			14. MOTHER'S MAIDEN NAME <b>Mary Susan ?</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>B.C.H. 4940 Eastern Ave. (records)</b>		
18. <b>442X</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive Cardiovascular Disease With Failure</b> DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-19-</b> , 19 <b>53</b> to <b>9-20-</b> , 19 <b>53</b> that I last saw the deceased alive on <b>9-20-</b> , 19 <b>53</b> and that death occurred at <b>4:50 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Hughes</i>		23B. ADDRESS <b>4940 Eastern Avenue</b> M. D.		23C. DATE SIGNED <b>9-20-1953</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/26/1953</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Brooklyn Md.</b>					
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 25 1953</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>1000 B... ..</i>	

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8578

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X 53 8578  
Registered No.

TH NO.

NAME OF DECEASED  
(Last name or Print)

Goucher TASE

2. DATE OF DEATH Sept. 25<sup>th</sup> 1953.

PLACE OF DEATH:  
Baltimore City, Maryland

3. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)  
TITUTION Union Memorial Hospital.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE Maryland. B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Owings Mills

D. STREET ADDRESS (If rural, give location)  
5300

5. Length of stay in Baltimore  
Yrs. Mos. Days

6. COLOR OR RACE W  
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH Oct. 31. 1875  
9. AGE (In years last birthday) 76  
If Under 1 Year Months Days If Under 24 Hours Hours Min.

10. USUAL OCCUPATION (Give kind of one during most of working life, even if retired)  
Contractor - builder  
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland  
12. CITIZEN OF WHAT COUNTRY? America

FATHER'S NAME Martini Tase

14. MOTHER'S MAIDEN NAME Katherine WALTERS.

13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  
None  
16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Thelie Ritchey Owings Mills  
ADDRESS

18. 177X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

(A) Unemia several mos.

DUE TO

ANTECEDENT CAUSES

(B) Renal failure

DUE TO

(C) Carcinoma of prostate & abdominal metastases

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive cardio-vascular disease

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 30<sup>th</sup>, 1953, to Sept. 25<sup>th</sup>, 1953, that I last saw the deceased alive on Sept. 25<sup>th</sup>, 1953, and that death occurred at 11:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE H. M. Rowson. M. D. 23B. ADDRESS Union Memorial Hospital 23C. DATE SIGNED Sept. 25<sup>th</sup>.

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE Sept. 28/53 24C. NAME OF CEMETERY OR CREMATORY Druid Ridge 24D. LOCATION (City, town, or county) (State) Pikesville

25. FUNERAL DIRECTOR J. T. Elmer Sons Rustons Md

VS 150

\_\_\_\_\_



5-524  
8579

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8579  
Registered No.

1. NAME OF DECEASED (Last, first, middle, or Print)		2. DATE OF DEATH	
JOHN H. SINCLAIR, SR.		9/25/53	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY BALTO.	
5. FULL NAME OF (If not in hospital or institution, give street address or location) MERCY HOSP		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 26-11	
6. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 914 S. Bouldin St	
7. SEX M	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	10. DATE OF BIRTH 10-21-89
11. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) REFILTER, RETIRED		12. AGE (In years last birthday) 63	
13. FATHER'S NAME JOHN SINCLAIR		14. BIRTHPLACE (State or foreign country) BALTO. MD.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) YES WWI		16. CITIZEN OF WHAT COUNTRY? U.S.A.	
17. SOCIAL SECURITY NO. 214-01-4630		18. MOTHER'S MAIDEN NAME ROSE JOBB	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ACUTE POSTERIOR 17 DUE TO MYOCARDIAL INFARCT		20. INTERVAL BETWEEN ONSET AND DEATH 3 days	
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIO SCLEROSIS DUE TO Unknown			
22. I hereby certify that I attended the deceased from 9/24/53, 1953, to 9/25, 1953, that I last saw the deceased alive on 9/24, 1953, and that death occurred at 2:25 pm., from the causes and on the date stated above.			
23A. SIGNATURE William G. Egan		23B. ADDRESS Mercy Hosp	
24A. DATE 9/29/53		24B. NAME OF CEMETERY OR CREMATORY OAK LAWN CEMT. BALTO. CO.	
24C. LOCATION (City, town, or county) MD.		24D. DATE SIGNED 9/25/53	
25. RECEIVED BY SEP 25 1953		26. FUNERAL DIRECTOR C. E. Hoffmann 1639 N. BROADWAY	

57445



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8580

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

NETTIE MICHAEL STODDARD

2. DATE  
OF  
DEATH

Sept. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

2106 Mt. Holly St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
MarylandB. COUNTY  
none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2106 Mt. Holly St.

c. Length of stay in Baltimore

50 Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 11, 1869

9. AGE (In years  
last birthday)

84

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Oakland, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

John O. Michael

14. MOTHER'S MAIDEN NAME

Levina Michael

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) Intra cranial hemorrhage, grade four  
acute congestive myocardial failure

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Hypertensive arteriosclerotic  
cardio-vascular disease.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1953 to Sept. 23, 1953, that I last saw the  
deceased alive on Sept. 23, 1953, and that death occurred at 12:50 P. M., from the causes and on the date stated above.

23A. SIGNATURE

*George O. Kemp*

M. D.

23B. ADDRESS

4116 Edmondson Ave.

23C. DATE SIGNED

9 - 23 - 53

24A. BURIAL, CREMA  
TION, REMOVAL (Specify)

Burial

24B. DATE

9 - 26 - 53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 25 1953 *Huntington Williams, M.D.* *John B. Mitchell & Sons, Inc.* - 1900 Eutaw Plac

Dec 3 53

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

Dec 3 53

INVESTIGATION OF ALLEGED  
UNLAWFUL ACTS OF VIOLENCE

ALLEGED ACTS OF VIOLENCE  
IN THE DISTRICT OF COLUMBIA

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

-520

8581 *Donku*

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. **53** **8581**

1. NAME OF DECEASED (Last, first, middle, or Print) <b>Jean Nelson Munch</b>		2. DATE OF DEATH <b>Sept. 25, 1953</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland Baltimore</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Maryland General Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. LENGTH OF STAY IN BALTIMORE <b>1</b>		D. STREET ADDRESS (If rural, give location) <b>2117 Callow Ave. #17</b>	
7. SEX <b>F</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	10. DATE OF BIRTH <b>Dec. 21, 1950</b>
11. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>None</b>		12. AGE (In years last birthday) <b>2</b>	
13. FATHER'S NAME <b>Hugh Horace Munch</b>		14. BIRTHPLACE (State or foreign country) <b>Virginia</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
17. SOCIAL SECURITY NO. <b>none</b>		18. MOTHER'S MAIDEN NAME <b>Lucille C. Nelson</b>	
19. INFORMANT <b>Hugh Munch</b>		20. ADDRESS <b>2117 Callow Ave. #17</b>	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>010X</b>		22. CAUSE OF DEATH (A) <b>Tuberculous meningitis</b> DUE TO (B) _____ DUE TO (C) _____	
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b>		24. INTERVAL BETWEEN ONSET AND DEATH <b>4 mo</b>	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
26. DATE OF OPERATION <b>0</b>		27. MAJOR FINDINGS OF OPERATION	
28. DATE OF AUTOPSY <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>			
29. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		30. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
31. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
32. TIME (Month) (Day) (Year) (Hour) OF INJURY		33. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
34. HOW DID INJURY OCCUR?			
35. I hereby certify that I attended the deceased from <b>May 21, 1953</b> , to <b>Sept 25, 1953</b> , that I last saw the deceased alive on <b>Sept. 25, 1953</b> , and that death occurred at <b>7:40 A. M.</b> , from the causes and on the date stated above.			
36. SIGNATURE <b>Don T. Rees</b>		37. ADDRESS <b>Wentworth Park</b>	
38. DATE SIGNED <b>9-25-53</b>			
39. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		40. DATE <b>9/26/53</b>	
41. NAME OF CEMETERY OR CREMATORY <b>Elizabeth Cem.</b>		42. LOCATION (City, town, or county) (State) <b>Saltville, Va.</b>	
43. RECEIVED BY <b>25/1953</b>		44. REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
45. FUNERAL DIRECTOR <b>W. M. O'Go</b>		46. ADDRESS <b>Lickner &amp; Sons</b>	
47. VS 150		48. <b>Bacto. 17, Md.</b>	

1978 85

THE STATE OF TEXAS  
COUNTY OF DALLAS

*[Faint, illegible text, likely bleed-through from the reverse side of the page]*



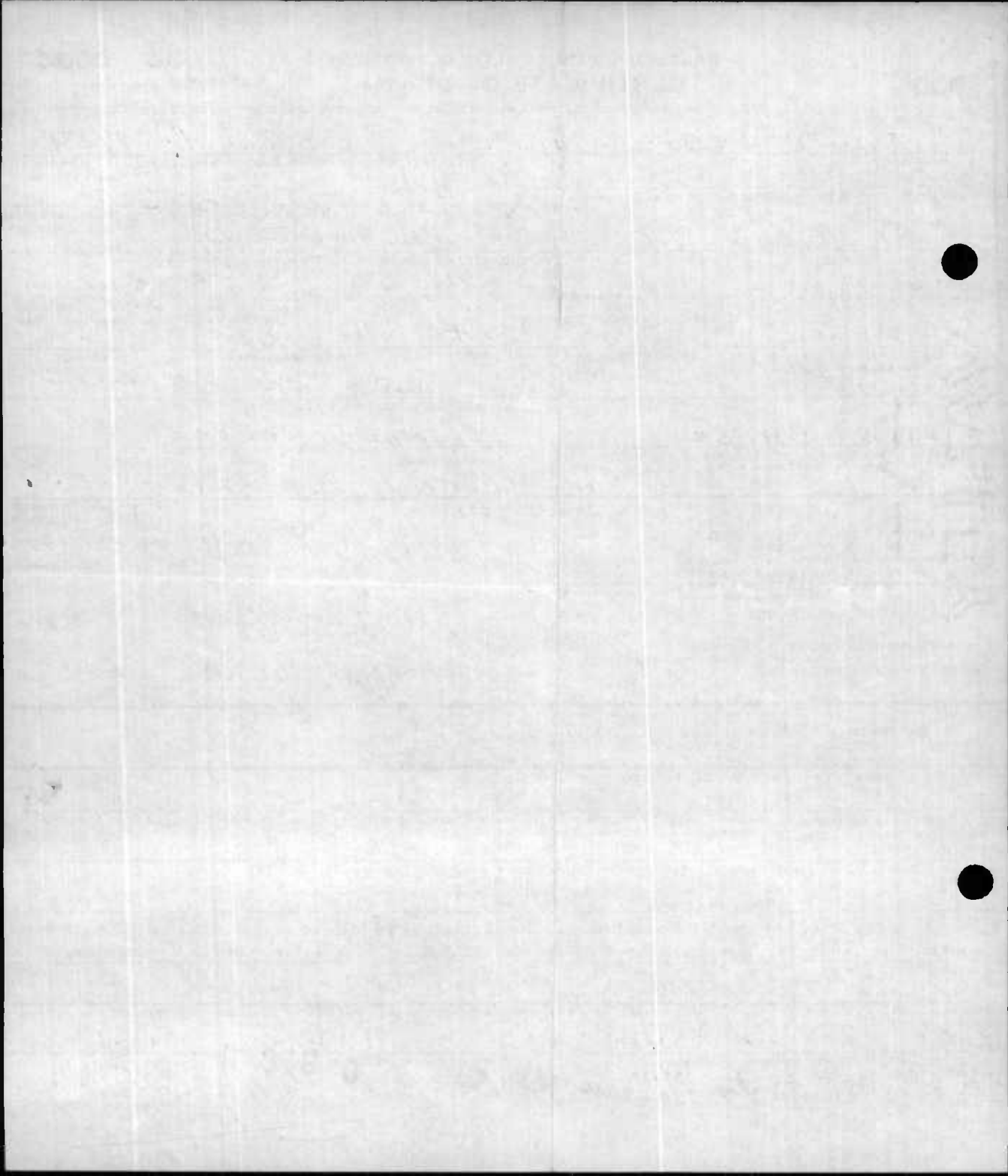
-500

8582

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8582  
Registered No.

1. NAME OF DECEASED (Last, first, middle, or Print) <b>ZADA CHASE LINNE</b>		2. DATE OF DEATH <b>9/23/53</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>26-36</b>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>6519 ST. HELENA AVE.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE (22)</b>	
6. Length of stay in Baltimore <b>6</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>6619 ST. HELENA AVE.</b>	
7. SEX <b>FEM.</b>	8. COLOR OR RACE <b>WHITE</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	10. DATE OF BIRTH <b>15 DEC. 1871</b>
11. USUAL OCCUPATION (Give kind of occupation during most of worklog life, even if retired) <b>HOUSEWIFE</b>		12. BIRTHPLACE (State or foreign country) <b>MICHIGAN</b>	13. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
14. FATHER'S NAME <b>MILTON CHASE</b>		15. MOTHER'S MAIDEN NAME <b>ELIZABETH MOORE</b>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>NO</b>		17. SOCIAL SECURITY NO. <b>NONE</b>	18. INFORMANT ADDRESS <b>MILTON R. LINNE - 7612 SPRUCE RD 23</b>
19. CAUSE OF DEATH			
A. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)		B. ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
(A) <b>Coronary thrombosis</b>		<b>10 min.</b>	
(B) <b>Arteriosclerosis</b>		<b>15 years</b>	
(C) <b>Hypertension</b>		<b>5 years</b>	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21. DATE OF OPERATION <b>0</b>		22. MAJOR FINDINGS OF OPERATION	
23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
27. TIME (Month) (Day) (Year) (Hour) OF INJURY		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
29. HOW DID INJURY OCCUR?			
30. I hereby certify that I attended the deceased from <b>Jan</b> , 1948, to <b>Sept 22</b> , 1953, that I last saw the deceased alive on <b>May 20</b> , 1953, and that death occurred at <b>5A</b> m., from the causes and on the date stated above.			
31. SIGNATURE <b>David H. Andrew</b>		32. ADDRESS <b>33 Dundalk Ave Dundalk Md.</b>	
33. DATE SIGNED <b>Sept 23, 1953</b>			
34. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		35. DATE <b>9-28-53</b>	36. NAME OF CEMETERY OR CREMATORY <b>SILENT VEIL</b>
37. LOCATION (City, town, or county) (State) <b>UNDERWOOD, MINN.</b>			
38. RECEIVED BY <b>26 1953</b>		39. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
40. FUNERAL DIRECTOR <b>Walter B. Budley, Dundalk, Md.</b>		41. ADDRESS	



3-100  
3 8583

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8583  
Registered No.

TH NO.

NAME OF DECEASED  
(Type or Print)

MRS. NINA ROPP

2. DATE  
OF  
DEATH

9/26/53

PLACE OF DEATH:

Baltimore City, Maryland

ULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
TUTION

Mary Hospital, Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

MARYLAND. Frederick

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

FREDERICK

D. STREET ADDRESS (If rural, give location)

636 GRANT PLACE. 6011

Length of stay in Baltimore

15 Days

SEX 6. COLOR OR RACE 7. SINGLE, (MARRIED)  
WIDOWED, DIVORCED (Specify)

F

W

8. USUAL OCCUPATION (Give kind of  
occupation during most of working life, even if retired)

FATHER'S NAME

HENRY SHOKMAKER.

10B. KIND OF BUSINESS OR  
INDUSTRY

8. DATE OF BIRTH

1901

9. AGE (In years  
last birthday)

52

If Under 1 Year Months Days If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

USA.

14. MOTHER'S MAIDEN NAME

GERTIE (?)

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 193X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Glione of Brain

INTERVAL BETWEEN  
ONSET AND DEATH

4 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9/24/53

19B. MAJOR FINDINGS OF OPERATION

Cerebral Glione of right hemisphere

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., In  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK ☐ NOT WHILE  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/11, 1953 to 9/26, 1953 that I last saw the  
deceased alive on 9/25, 1953 and that death occurred at 24 m., from the causes and on the date stated above.

23A. SIGNATURE

John W. Hunt M. D.

23B. ADDRESS

Mary Hospital

23C. DATE SIGNED

9/26/53

24. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

9-28-53

24C. NAME OF CEMETERY OR CREMATORY

Lutheran Cem

24D. LOCATION (City, town, or county)

Middletown, Md.

(State)

25. RECEIVED BY

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Midtown Co. - Middletown, Md.

VS 150



8-650  
8584

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8584  
Registered No.

NAME OF DECEASED (Last, first, middle name or Print)		2. DATE OF DEATH	
John Wesley Brown		September 25, 1953	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)		A. STATE Maryland	
1027 N. Fulton Ave		B. COUNTY Baltimore	
Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)	
1027 N. Fulton Ave			
SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	Col	Married	July 5 1892
USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
Farmer			61
FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
James Brown		Pearson Co. N.C.	
12. CITIZEN OF WHAT COUNTRY?		14. MOTHER'S MAIDEN NAME	
U.S.A.		Lucy Ann Brown	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No			
17. INFORMANT		ADDRESS	
Betty Brown		1027 N. Fulton Ave	

B. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Carcinomatosis		3 Mos	
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Carcinoma of Stomach			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 1, 1953, to Sept 25, 1953, that I last saw the deceased alive on Sept 25, 1953, and that death occurred at 2 A. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
J. B. Higgins		2243 Madison Ave, Balt.		9.26.53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Sept 26, 1953		Riverside	
24D. LOCATION (City, town, or county)		25. FUNERAL DIRECTOR		ADDRESS	
North Carolina		Mrs. Katie R. Williams		322 N. Huntington Williams, N.C.	
RECEIVED BY AL REGISTRAR P 26 1953					

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

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PLANT INDUSTRY



420  
8585

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8585  
Registered No.

TH NO.

NAME OF DECEASED  
(Last, first, middle, or Print)

Moses Zalis

2. DATE  
OF  
DEATH

Sept. 25/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

2326 Anoka Avenue

Yrs.

Mos.

Days

Length of stay in Baltimore 53

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Maryland

B. COUNTY

before admission

C. CITY OR TOWN (If outside corporate limits, write JURISDICTION and give township)

Baltimore

1505

D. STREET ADDRESS (If rural, give location)

2326 Anoka Avenue

SEX

ab

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1878

9. AGE (In years last birthday)

75

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)

Proprietor

11. KIND OF BUSINESS OR INDUSTRY

Retail Furniture

12. BIRTHPLACE (State or foreign country)

Russia

13. CITIZEN OF WHAT COUNTRY?

USA

FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Anna Zalis - 2326 Anoka Avenue

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A)

Acute Pulmonary Edema

1 hour

DUE TO

(B)

Arteriosclerotic Heart Disease

?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

3 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-14-1951 to 9-25-1953 that I last saw the deceased alive on 9-25-1953 and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

H. D. Snodman

M. D.

1109 N. Calvert St.

9-25-53

24. BURIAL, CREMATION, OR REMOVAL (Specify)

burial

24B. DATE

9/27/53

24C. NAME OF CEMETERY OR CREMATORY

Shaarei Zion Burial Baltimore, Md.

24D. LOCATION (City, town or county)

(State)

25. RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

26. REGISTRATION

Huntington Williams, Mort. & Burial Co.

1124-26 W.

VS 150

North Avenue

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

*[Faint, illegible text, likely bleed-through from the reverse side of the page]*

F 655  
33 8586BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8586

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HENRY

FOREMAN

2. DATE

OF DEATH September 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

4502 Springdale Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4502 Springdale Avenue

C. Length of stay in Baltimore

28 years

Yrs.

Mon.

Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 28, 1913

9. AGE (In years

last birthday)

40

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Supervisor

10B. KIND OF BUSINESS OR INDUSTRY

News Post

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Simon Foreman

14. MOTHER'S MAIDEN NAME

Mollie Heyman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

212-09-2953

17. INFORMANT

Mrs. Annette Foreman-4502 Ave.

Address Springdale Ave.

18. E974X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxia due to hanging

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

4502 Springdale Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Found: 9/23/53 7:00 A. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Hanged self from beam in cellar with rope

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Foreman

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

M.D.

MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 23, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/27/53

24C. NAME OF CEMETERY OR CREMATORY

Workmen Circle

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

1124 N. North Ave.

ADDRESS

VS 151

js N 991x

290414

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and leg.

1904

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1904



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8587

BIRTH NO. 53 8587

1. NAME OF DECEASED  
(Type or Print)

Mildred Johnson

2. DATE  
OF  
DEATH

September 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Annapolis

D. STREET ADDRESS (If rural, give location)

Box 1476 Rt. 3

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-11-14

9. AGE (In years last birthday)

39

H Under 1 Year

Months Days

H Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Annapolis Md. U. S. A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

J. J. J. J.

14. MOTHER'S MAIDEN NAME

Matilda J. J. J.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Bronchogenic carcinoma

8 wks.

ANTECEDENT CAUSES

(B) DUE TO  
(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial infarction

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-24-1953, to 9-25-1953, that I last saw the deceased alive on 9-25-1953, and that death occurred at 7 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John B. H. H.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9-25-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/29/53

24C. NAME OF CEMETERY OR CREMATORY

Beverly Hills

24D. LOCATION (City, town, or county)

Annapolis Md.

DATE RECEIVED BY LOCAL REGISTRAR

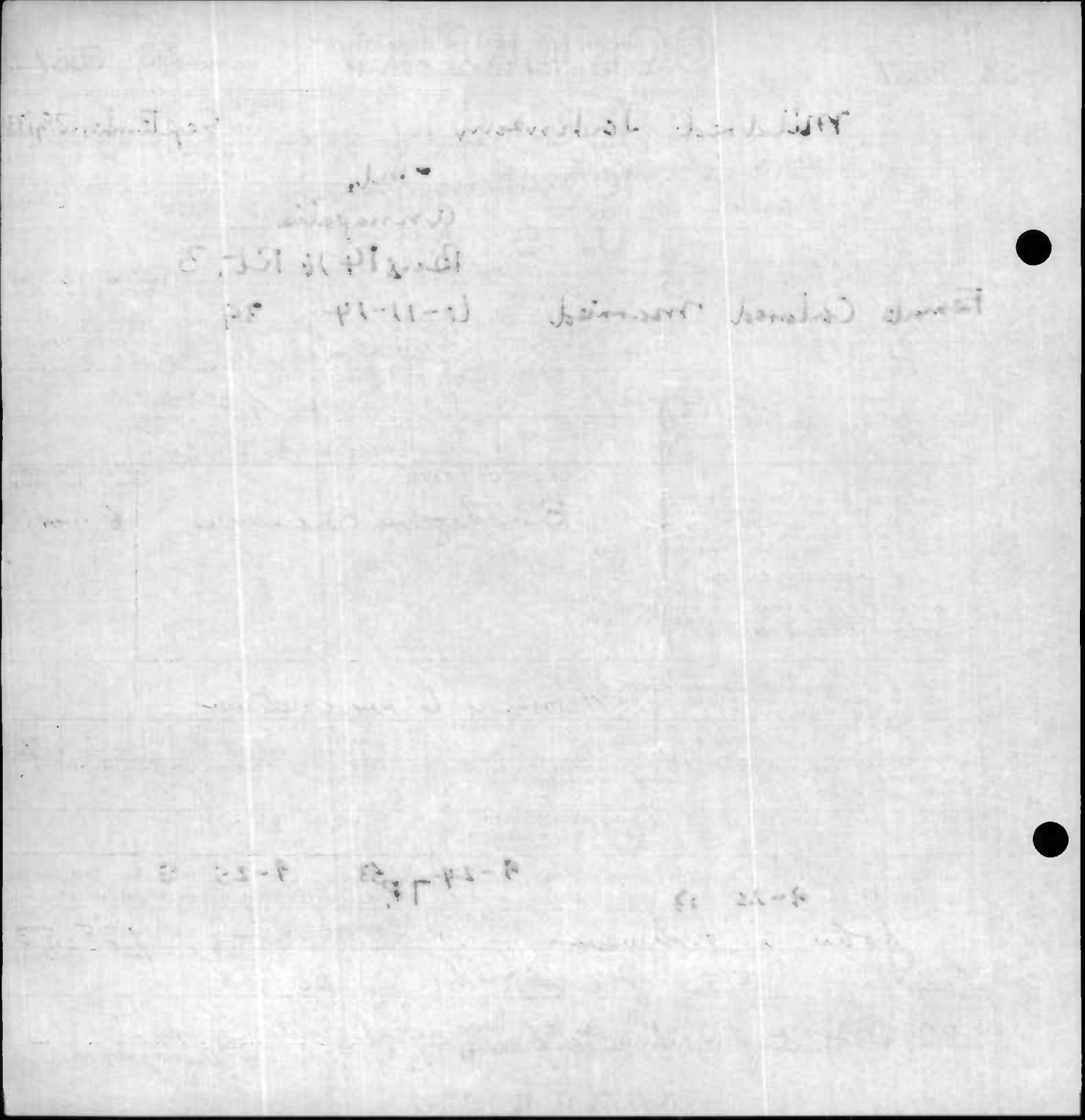
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 26 1953

Mrs. E. L. Hicks, 73 1/2 St. of Annapolis





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8588**BIRTH NO. **B-520**  
**8588**

1. NAME OF DECEASED (Type or Print) <b>Mr. Thomas F. Banks</b>			2. DATE OF DEATH <b>9-25-1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>40 ST. Agnes Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>78 yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>6055 A Edershot Road</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>11-12-1874</b>	9. AGE (In years last birthday) <b>78</b>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TALLERMAN</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>S.S. Trade Assn.</b>	11. BIRTHPLACE (State or foreign country) <b>BALTO. MD</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Geo. W. BANKS</b>			14. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>217-01-5298</b>	17. INFORMANT <b>Mrs. Myrthe J. BANKS</b>		ADDRESS <b>Above</b>

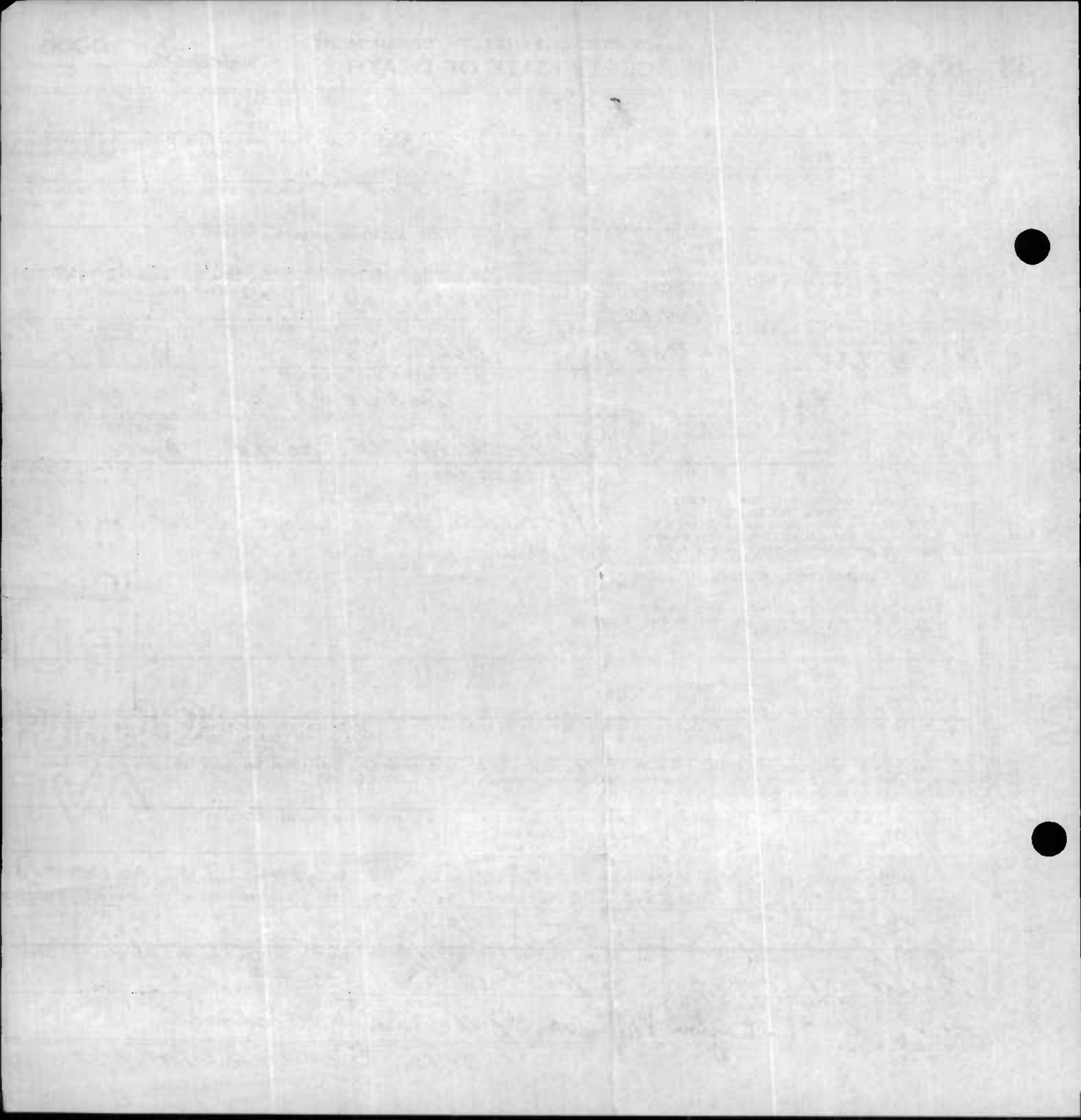
18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic Heart Disease</b>	CAUSE OF DEATH (A) <b>with Congestive failure</b>	INTERVAL BETWEEN ONSET AND DEATH <b>9/13/53</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	<b>9/25/53</b>
(C) DUE TO		

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>9/28/53</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **9/13/53**, 19**53**, to **9/25/53** 19**53**, that I last saw the deceased alive on **9/25**, 19**53**, and that death occurred at **2:4** a.m., from the causes and on the date stated above.

23A. SIGNATURE <b>B. M. Martin, M.D.</b>	23B. ADDRESS <b>St. Agnes Hosp.</b>	23C. DATE SIGNED <b>9/25/53</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9-28-1953</b>	24C. NAME OF CEMETERY OR CREMATORY <b>London Park Cem.</b>
24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, Mr. J. Thomas Schuch</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 26 1953</b>	ADDRESS <b>3512 Frederick Ave. (29)</b>	



- 230

53 8589

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8589

TH NO.

NAME OF DECEASED  
(Last, first, middle, or Print)

LEO LYCETT

2. DATE  
OF  
DEATH

SEPT. 24, 1953

PLACE OF DEATH:

Baltimore City, Maryland FRANKLIN SQ HOSP.

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
RESIDENCE  
FRANKLIN SQUARE HOSPITAL

Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

USUAL OCCUPATION (Give kind of  
work during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR  
INDUSTRY

—

FATHER'S NAME

MICHAEL LYCETT

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No or unknown

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

10-11-1883

9. AGE (In years  
last birthday)

69

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

11. BIRTHPLACE (State or foreign country)

BALT. MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

ANNA MACNEAL

17. INFORMANT

ADDRESS

Hosp. Records

8. 584X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) PULMONARY EMBOLISM

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) CORONARY INFARCTION

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

9A. DATE OF OPERATION

9/24/53

19B. MAJOR FINDINGS OF OPERATION

CHOLELITHIASIS, OBST. OF COMMON DUCT

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-13, 1953, to 9-24, 1953, that I last saw the  
deceased alive on 9-24, 1953, and that death occurred at 1000 p.m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. O.

23B. ADDRESS

FRANKLIN SQUARE HOSP.

23C. DATE SIGNED

9/24/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/28/1953

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

RECEIVED BY

SEP 26 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Fleming 1426 Light St.

ADDRESS

VS 150

76399

055

\_\_\_\_\_

This image shows a blank, aged, cream-colored page, likely an endpaper or flyleaf of a book. The paper has a slightly textured appearance with visible creases and some minor discoloration or foxing, particularly along the edges and in the center. There are a few small, dark spots scattered across the surface, which could be dust or ink splatters. The overall tone is a warm, off-white or light beige.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 8590

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)*Mary E Reilly*2. DATE  
OF  
DEATH*Sept. 24 53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Md.*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Baltimore**21-09*

D. STREET ADDRESS (If rural, give location)

*2014 Burnwood Rd.*

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

*2014 Burnwood Rd.*

c. Length of stay in Baltimore

*Life*Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

*F**W.**S.**Jan-1-1880**73*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

*Dressmaker. Ret.**Self.*

11. BIRTHPLACE (State or foreign country)

*Baltimore*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*Bernard Reilly*

14. MOTHER'S MAIDEN NAME

*Mary Unknown.*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Mrs Wm Bank. 2014 Burnwood Rd.*18. *422.1*

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)*(A) Arteriosclerosis of aorta**20 yr*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 1953* to *Sept 24, 1953* that I last saw the deceased alive on *Sept 4, 1953* and that death occurred at *6:30 p.m.* from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FEDERAL DIRECTOR

ADDRESS

*Burial**9/26-53**New Cathedral Cem.**Baltimore**SEP 26 1953**Huntington Williams, M.D.**Wm. Croh Inc.**Baltimore*

1955

25

1955

25



624  
8591

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8591  
Registered No.

TH NO.

NAME OF DECEASED  
(Last name or Print)

Paul Bressler

2. DATE  
OF  
DEATH

Sept 24, 1953

PLACE OF DEATH:

Baltimore City, Maryland 7002 Rockrose Ave

FULL NAME OF  
HOSPITAL OR  
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

EX 6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) 11 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.

10. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atherosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

Bronchopneumonia

5 days

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

Sept 24 1953 4:15 p.m.

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept 20 1953, to Sept 24, 1953, that I last saw the deceased alive on Sept 24, 1953, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA- REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25. RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 26 1953

Huntington Williams, M.D. 1217 St Paul St

REV. W. W. B. B. B.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

E 241

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8592

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Anna Eichelberger</i>		2. DATE OF DEATH <i>Sept 24 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>room Rochmore Ave</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>13-08</i>		C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) <i>Baltimore Md.</i>	
D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Jan 3 - 1890</i>
9. AGE (In years last birthday) <i>63</i>		10. UNDER 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Martin L Linsmeyer</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Lang</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>George A Eichelberger</i>		ADDRESS <i>room Rochmore Ave</i>	
18. <i>196x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Sarcoma of breast</i> DUE TO <i>Senar</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr 3</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			
19A. DATE OF OPERATION <i>9/24/53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>7/18/53</i> , 19 <i>53</i> , to <i>9/24/53</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>9/24/53</i> , 19 <i>53</i> , and that death occurred at <i>11:15 PM.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Marie Gued</i>		23B. ADDRESS <i>1737 E. North Ave</i>	
23C. DATE SIGNED <i>9/25/53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Sept 28 - 1953</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Meadowdale</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 20 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Wm Cook Inc</i>		ADDRESS <i>1217 St Paul St</i>	

5-16-5

24

M-200

8593

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8593

TH NO.

NAME OF DECEASED  
(or Print)

HENRY

McCoy

2. DATE  
OF  
DEATH

9-25-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

BIN SECOURS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write FULL name and give township)  
BALTIMORE

D. STREET ADDRESS (If rural, give location)

1240 SARGENT ST.

Length of stay in Baltimore

46

Yrs.  
Mos.  
Days

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

9-26-05

9. AGE (In years  
last birthday)

48

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10. USUAL OCCUPATION (Give kind of  
one during most of working life, even if retired)

MACHINE OPR.

10b. KIND OF BUSINESS OR  
INDUSTRY

PAINT

11. BIRTHPLACE (State or foreign country)

PA.

12. CITIZEN OF  
WHAT COUNTRY?

USA

FATHER'S NAME

HENRY MCCOY

M

14. MOTHER'S MAIDEN NAME

MARTIN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

ADDRESS

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) BRONCHOGENIC CARCINOMA

8 MOS.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 9-1, 1953, to 9-25, 1953 that I last saw the  
deceased alive on 9-25, 1953 and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William A. Pillsbury

M. D.

23B. ADDRESS

1000 Seaboard Drive

23C. DATE SIGNED

9-25-53

24. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Sept 29-1953

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Baltimore

(State)

25. RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

Wm Cook Inc-1217 St Paul

ADDRESS

P-261853

VS 150

69040





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-234  
53 8594

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8594  
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) Anton K. Weiskittel		2. DATE OF DEATH Sept. 25, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland 3022 St. Paul St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore 12-02
c. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3022 St. Paul Street
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Feb. 20, 1896		9. AGE (In years, last birthday) 57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President Harry C. Weiskittel Co., Inc.		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Harry C. Weiskittel		14. MOTHER'S MAIDEN NAME Daisy M. Grumbine
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Harry C. Weiskittel, Jr.		ADDRESS 45 Warrenton Rd.
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary thrombosis DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None		INTERVAL BETWEEN ONSET AND DEATH 15 min.
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Nov 5, 1950, to Sep 21, 1953, that I last saw the deceased alive on Sep 21, 1953, and that death occurred at 8 P. M., from the causes and on the date stated above.		
23A. SIGNATURE Joseph D.B. King M. D.		23B. ADDRESS 1210 Entaw Place
23C. DATE SIGNED 9/26/53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 28, 1953
24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery		24D. LOCATION (City, town, or county) (State) Pikesville, Maryland.
DATE RECEIVED BY LOCAL REGISTRAR SEP 26 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.
25. FUNERAL DIRECTOR ADDRESS		

VS 150

2903D

1608 54

1608 54

*[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. The text is mostly horizontal and spans the width of the page.]*

M-240  
53 8595BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8595

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Charles MC Coull

2. DATE  
OF  
DEATH

9/23/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Lincoln Mem. Hosp.

27 N. Carey St

C. CITY OR TOWN

(If outside corporate limits, write full name and give township)

Baltimore 18-02

D. STREET ADDRESS (If rural, give location)

27 N. Carey St

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

unm

8. DATE OF BIRTH

unknown

9. AGE (in years  
last birthday)

66

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Laborer

11. BIRTHPLACE (State or foreign country)

unknown

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Records

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cancer - Ventr. Inf. Arteries

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Murmur

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

P

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-11, 1953 to 9-13, 1953 that I last saw the  
deceased alive on 9-13, 1953 and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

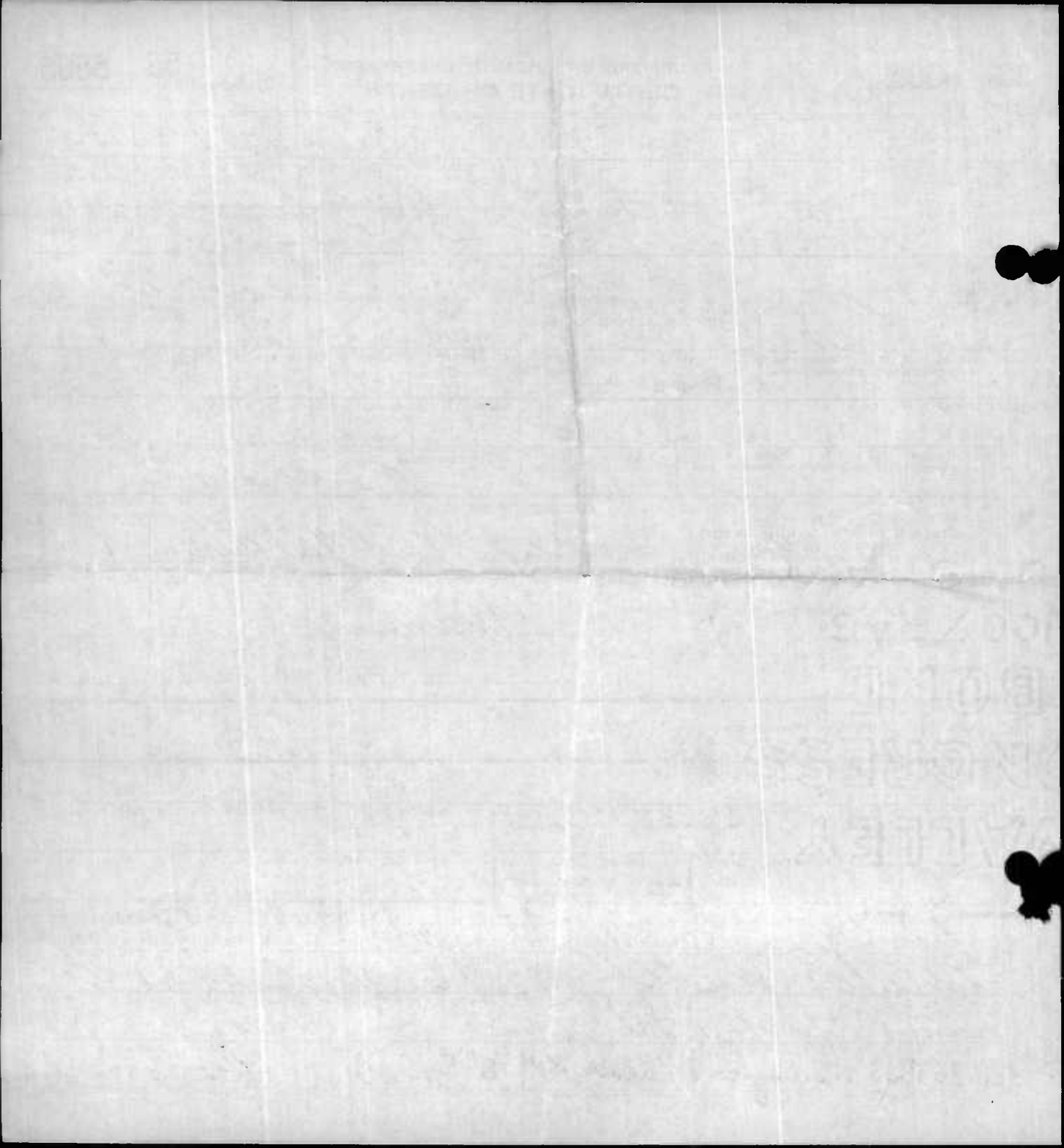
SEP 26 1953

Huntington Williams, M.D.

Charles A. Rice 661 W. Benu

VS 150

97095



K-220  
53 8596BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8596

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANTON KASIK

2. DATE  
OF  
DEATH

SEPT 25 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland MERCY HOSP.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

MERCY HOSP, BALT.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND. B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

106 E ELM AVENUE.

c. Length of stay in Baltimore

80 YRS. Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

APRIL 18 1871

9. AGE (In years  
last birthday)

82

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR  
INDUSTRY

CLOTHING CUTTER

11. BIRTHPLACE (State or foreign country)

CZECHOSLOVAKIA

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOSEPH KASIK

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

FRANK T. KASIK 6521 ROSEMONT AVE

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Uremia

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Chronic Glomerular Nephritis

Unknown

Hypertensive Cardiac Vascular Disease

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 9/22, 1953 to 9/25, 1953 that I last saw the  
deceased alive on 9/25, 1953 and that death occurred at 5:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

SEPT 28 1953

HOLY REDEEMER CEM.

4430 BELAIR RD MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 26 1953

Huntington Williams, M.D. 7110 BELAIR RD

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

1900

NAME OF DECEASED

WILLIAM HENRY

AGE

65

SEX

MALE

RACE

WHITE

DATE OF DEATH

1900

PLACE OF DEATH

HOME

CITY

STATE

COUNTRY

CAUSE OF DEATH

HEART DISEASE

DATE OF BURIAL

1900

PLACE OF BURIAL

CITY

STATE

COUNTRY

NAME OF FUNERAL HOME

1900

NAME OF MINISTER

1900

NAME OF CLERGYMAN

1900



G-630 8597

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8597

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William B GARRETT

2. DATE  
OF  
DEATH

9/26/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2862 Rayner Ave

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission)

A. STATE

B. COUNTY

2862 Rayner Ave Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore Md

D. STREET ADDRESS (If rural, give location)

2862 Rayner Ave 16-06

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

11/1/81

9. AGE (In years  
last birthday)

72

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired Seaman

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Penn

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

William B Garrett

14. MOTHER'S MAIDEN NAME

Elizabeth Pote

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Edwin J Stewart 248 W. 1st St Phil

18. 181X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Cancer Bladder

years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Myocarditis

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1953, to 9/26/53 that I last saw the  
deceased alive on 9/26, 1953, and that death occurred at 4A.m., from the causes and on the date stated above.

23A. SIGNATURE

Mendel's

M. D.

23B. ADDRESS

651 N Bentalon

23C. DATE SIGNED

9/26/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/29/53

24C. NAME OF CEMETERY OR CREMATORY

West Laurel Hill

24D. LOCATION (City, town, or county) (State)

Phila Pa.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Edlich Funeral Home

SEP 27 1953

490 99 2112 Dundalk Ave

STATE OF OHIO  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Occupation		10. Education		11. Marital Status		12. Date of Birth	
13. Name of Physician		14. Name of Hospital		15. Name of Coroner		16. Name of Registrar	
17. Name of Informant		18. Name of Informant		19. Name of Informant		20. Name of Informant	
21. Name of Informant		22. Name of Informant		23. Name of Informant		24. Name of Informant	
25. Name of Informant		26. Name of Informant		27. Name of Informant		28. Name of Informant	
29. Name of Informant		30. Name of Informant		31. Name of Informant		32. Name of Informant	
33. Name of Informant		34. Name of Informant		35. Name of Informant		36. Name of Informant	
37. Name of Informant		38. Name of Informant		39. Name of Informant		40. Name of Informant	
41. Name of Informant		42. Name of Informant		43. Name of Informant		44. Name of Informant	
45. Name of Informant		46. Name of Informant		47. Name of Informant		48. Name of Informant	
49. Name of Informant		50. Name of Informant		51. Name of Informant		52. Name of Informant	
53. Name of Informant		54. Name of Informant		55. Name of Informant		56. Name of Informant	
57. Name of Informant		58. Name of Informant		59. Name of Informant		60. Name of Informant	
61. Name of Informant		62. Name of Informant		63. Name of Informant		64. Name of Informant	
65. Name of Informant		66. Name of Informant		67. Name of Informant		68. Name of Informant	
69. Name of Informant		70. Name of Informant		71. Name of Informant		72. Name of Informant	
73. Name of Informant		74. Name of Informant		75. Name of Informant		76. Name of Informant	
77. Name of Informant		78. Name of Informant		79. Name of Informant		80. Name of Informant	
81. Name of Informant		82. Name of Informant		83. Name of Informant		84. Name of Informant	
85. Name of Informant		86. Name of Informant		87. Name of Informant		88. Name of Informant	
89. Name of Informant		90. Name of Informant		91. Name of Informant		92. Name of Informant	
93. Name of Informant		94. Name of Informant		95. Name of Informant		96. Name of Informant	
97. Name of Informant		98. Name of Informant		99. Name of Informant		100. Name of Informant	

5-552  
53 8598BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8598  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Anne Simonsen

2. DATE  
OF  
DEATH

Sept. 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

4409 Towanda Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4409 Towanda Ave.

15-13

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1

9. AGE (In years  
last birthday)

88

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR  
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Sweden

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

No

17. INFORMANT

ADDRESS

Adolph Simonsen 4409 Towanda Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Thrombosis

1 week

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from Sept. 19, 1953, to Sept. 26, 1953, that I last saw the deceased alive on Sept. 26, 1953, and that death occurred at 8:45 Am., from the causes and on the date stated above.

23A. SIGNATURE

Manuel Levi

M. D.

23B. ADDRESS

4818 Rutherford Rd

23C. DATE SIGNED

9/26/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/28/53

24C. NAME OF CEMETERY OR CREMATORY

Louden Park

24D. LOCATION (City, town, or county)

Baltimore

Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John T. Stansbury 2700 Edmondson Ave

ADDRESS

SEP 27 1953

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

SEX

RACE

HEIGHT

WEIGHT

TEMPERATURE

PULSE

BLOOD PRESSURE

RESPIRATIONS

DIAGNOSIS

DATE OF EXAMINATION

PLACE OF EXAMINATION

EXAMINER

ASSISTANT

TESTS

RESULTS

REMARKS

SIGNATURE

DATE

TIME

LOCATION

WITNESSES

NOTES

ADDITIONAL INFORMATION

REMARKS

SIGNATURE

DATE

TIME

LOCATION

WITNESSES

NOTES

ADDITIONAL INFORMATION

REMARKS

SIGNATURE

DATE

TIME

LOCATION

S-353  
53 8599

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8599  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>GRASON RICHARD STANDIFORD</b>		2. DATE OF DEATH <b>Sept. 25, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Joseph's Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2041 Sinclair Lane</b> <b>8-05</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 3, 1904</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fireman (Lieutenant)</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Balto. City</b>	9. AGE (In years last birthday) <b>49</b>
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Harry G. Standiford</b>		14. MOTHER'S MAIDEN NAME <b>Mary C. Keller</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Clara F. Standiford</b>		ADDRESS <b>2041 Sinclair La.</b>	

18. <b>231X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage.</b> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>mild hypertension.</b> (B) DUE TO		<b>5 years.</b>
(C) <b>Probable Cerebral Arterio-sclerosis.</b>		<b>?</b>

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>✓</b>			
19A. DATE OF OPERATION <b>none</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <b>✓</b>	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **March 3, 1948**, to **Sept. 25, 1953**, that I last saw the deceased alive on **Sept. 24, 1953**, and that death occurred at **8:10 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Frank H. Oden</b>	23B. ADDRESS <b>M. D. 2701 N. Calvert St.</b>	23C. DATE SIGNED <b>Sept. 26, 53</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9/28/53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood Cem.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>Sept 27 1953</b>		24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>
REGISTRAR'S SIGNATURE <b>William J. Dickner</b>		25. FUNERAL DIRECTOR'S ADDRESS <b>Balto 17, Md.</b>

VS 150  
**762 93**

MARGIN RESERVED FOR BINDING  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0003

P





E-351

53 8600

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8600

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WILLIAM T. EDENFIELD

2. DATE  
OF  
DEATH

Sept. 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or  
location)

HOSPITAL OR INSTITUTE 2754 Kinsey Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2754 Kinsey Ave.

20-02

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
widowed

B. DATE OF BIRTH

Dec. 23, 1880

9. AGE (In years,  
last birthday)

72

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Steel Worker

10B. KIND OF BUSINESS OR  
INDUSTRY

Steel Mfg.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

James H. Edenfield

14. MOTHER'S MAIDEN NAME

Ida E. Kirwan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Oscar Edenfield-2754 Kinsey Ave.

18.

260x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) ACUTE MYOCARDIAL INFARCTION  
DUE TO ARTERIO SCLEROTIC CARDIO-VASCULAR  
DISEASE

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DIABETES MELLITUS  
DUE TO  
(C) BILATERAL MID-THIGH AMPUTATION

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 1, 1953 to SEPT. 25, 1953, that I last saw the  
deceased alive on SEPT. 25, 1953, and that death occurred at HOME, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/28/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 27 1953

69-03D

Balto. 17. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

0-8-35

0104 3

WATLEY  
CONFES  
BOND  
JOD & P  
A S

B-400

53 8601

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8601

TH NO.

NAME OF DECEASED  
(Last, first, middle, or Print)

LOUIS L. BAILEY

2. DATE  
OF  
DEATH

9/23/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
TITUTION

VA HOSPITAL, BALTO. 18, MD.

Yrs.

Length of stay in Baltimore

30

30

SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. USUAL OCCUPATION (Give kind of  
one during most of working life, even if retired)

STEEL WORKER

10a. KIND OF BUSINESS OR  
INDUSTRY

STRUCTURAL STEEL

FATHER'S NAME

CHARLES T. BAILEY

9. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

7/25/17 - 3/3/19

16. SOCIAL  
SECURITY NO.

214-14-0193

8. DATE OF BIRTH

4/2/94

9. AGE (In years  
last birthday)

59

10. If Under 1 Year  
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

RICHMOND, VIRGINIA

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

NANCY HENERY

17. INFORMANT

ADDRESS

VA HOSPITAL RECORDS, VAH, BALTO. MD.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) HEMORRHAGIC SHOCK

DUE TO

12 Hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) TUBERCULOSIS, PULMONARY, FAR ADV.

DUE TO

ACTIVE.

7 Yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9/23/53

19B. MAJOR FINDINGS OF OPERATION

TUBERCULOSIS, PULMONARY, FAR ADV., ACT., LEFT LUNG

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

VA

m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/17, 1953, to 9/23, 1953, and that death occurred at 11:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

VA HOSPITAL, BALTO 18, MD.

23C. DATE SIGNED

9/23/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

9-28-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county) (State)

Baltimore Md

25. DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS. 150

27-1953

6903D

6009 Starford Rd

STATE OF NEW YORK  
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

RELIGION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

TO WHOM

BY WHOM

TESTED BY

ATTEST

BY

STATE OF NEW YORK

IN

BY

BY

DATE

ATTEST

A-535  
53 8602

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8602  
Registered No. \_\_\_\_\_

TH NO.		NAME OF DECEASED (Last, first, middle, or Print)		2. DATE OF DEATH	
		VIRGIE M. ANTHONY		Sept. 25, 1953	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission)		5. DATE OF DEATH	
		A. STATE Md.		B. COUNTY	
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		6. DATE OF DEATH	
1143 Wicomico ST		BALTO		21-02	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
Yrs. Mos. Days		1143 Wicomico ST			
SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
F	W.	MARRIED	AUG 28, 1893	60	11. Under 24 Hours Hours: Min.
11. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)		12. KIND OF BUSINESS OR INDUSTRY		13. CITIZEN OF WHAT COUNTRY?	
HOUSEWIFE				U.S.A.	
FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
WILLIAM SHERD		UNKNOWN			
WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
NO		NONE		Mr ALLEN ANTHONY SAME	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
163X		Carcinoma of lung			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 28 1951, to Sept. 25, 1953, that I last saw the deceased alive on Sept 25, 1953, and that death occurred at 9 noon m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Milton Jesionick		1429 W. Fayette St.		Sept 26, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
BURIAL		9-28-53		MEADOW RIDGE	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
KASH. BLDG. - EIKRIDGE MD.		Medred J. Blight		6009 Hayford Rd	
25. RECEIVED BY CAL REGISTRAR		25. REGISTRAR'S SIGNATURE		25. ADDRESS	
2/1953		Huntington Williams			

545  
—  
100  
545



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-325  
53 8603

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X 53 8603  
Registered No.

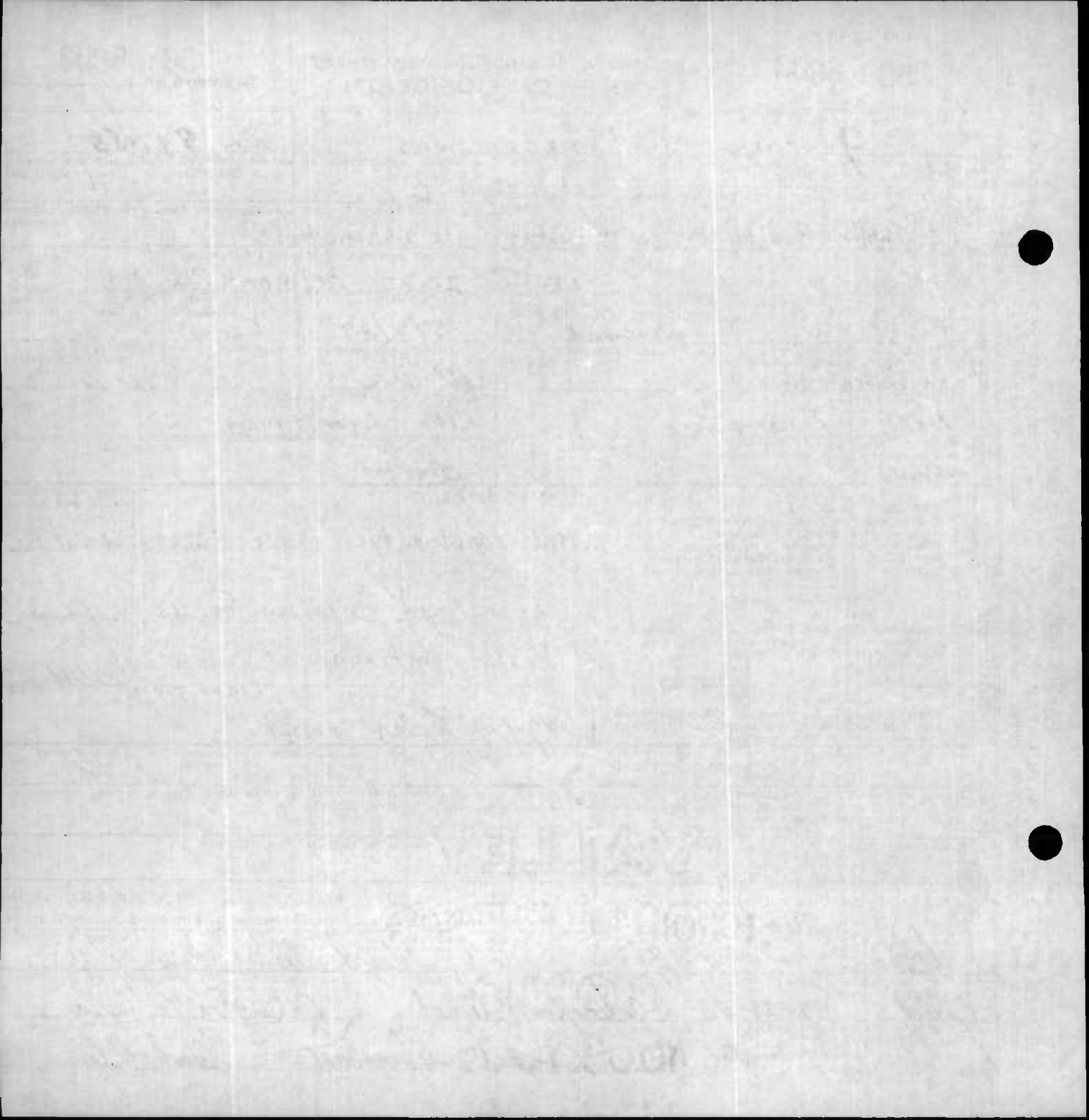
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Georgia M. Fitzsimmons</b>			2. DATE OF DEATH <b>9/26/53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>D.C.</b> B. COUNTY <b>V-48</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>U.S. Public Health Service Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Washington</b>		
D. STREET ADDRESS (If rural, give location) <b>2032 Belmont Rd. N.W.</b>					
5. LENGTH OF STAY IN BALTIMORE <b>15 Days</b>					
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>5/7/87</b>	9. AGE (in years last birthday) <b>66</b>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>X-Ray Technician</b>			11. BIRTHPLACE (State or foreign country) <b>W. Va</b>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13. FATHER'S NAME <b>Noah Marquise</b>			14. MOTHER'S MAIDEN NAME <b>Lily Lymittion</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Unknown</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Chart</b>			ADDRESS		

18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic heart disease coronary</b>	CAUSE OF DEATH <b>Arteriosclerotic heart disease coronary</b>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Generalized arteriosclerosis Unknown</b>	OE TO <b>Generalized arteriosclerosis Unknown</b>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Healed anteroapical myocardial infarction Unknown</b>	OE TO <b>Healed anteroapical myocardial infarction Unknown</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Hydrothorax, right</b>		

19A. DATE OF OPERATION <b>9</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <b>9/26</b> , 19 <b>53</b> , and that death occurred at <b>1:15 p.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Virgil B. Tolless</b>	23B. ADDRESS <b>M. O. U.S. Public Health Serv. Hosp.</b>	23C. DATE SIGNED <b>9/26/53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9-29-53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Arlington National</b>	24D. LOCATION (City, town, or county) (State) <b>Arlington, Virginia</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>W. W. Chambers</b> <b>Wash. D.C.</b>	

VS 150  
09 Y FT



C-622

53 8604

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8604

Registered No.

TH NO.

NAME OF DECEASED  
(Type or Print)

Cora M. Curtis.

2. DATE

OF

DEATH

Sept 25, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3614 Hooper Ave.

Yrs.  
Mos.  
Days

Length of stay in Baltimore

Life

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Female White

Widow

8. USUAL OCCUPATION (Give kind of  
work during most of working life, even if retired)Housework  
FATHER'S NAME10a. KIND OF BUSINESS OR  
INDUSTRY

John Bond.

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3614 Hooper Ave

13-08

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

July 9, 1873

80

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Margaret Painter.

17. INFORMANT

ADDRESS

Earl V. Curtis, 3614 Hooper Ave

18. 422.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Anterior: aortic Cardio-Vascular Disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 1951, 19, to Sept, 1953 that I last saw the  
deceased alive on Sept 23, 1952 and that death occurred at 4:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept 28/53

Woodlawn

Woodlawn, Md

25. FUNERAL DIRECTOR

ADDRESS

VS 150

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1953-54

1953-54

1953-54

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1953-54

53 8605

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8605  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LENA JACOBSON

2. DATE  
OF  
DEATH

9-26-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

6714 Westbrook Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Memphis

D. STREET ADDRESS (If rural, give location)

11 N. CENTURY

c. Length of stay in Baltimore

50 Yrs.

6. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED/DIVORCED (Specify)

B. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

53

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U.S. 9

13. FATHER'S NAME

Moses Trivas

14. MOTHER'S MAIDEN NAME

Mollie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Max Trivas -

18.

415X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Embolus

DUE TO

inter

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Rheumatic C.V. disease

DUE TO

20 years

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5, 1953, to Sept 26, 1953 that I last saw the deceased alive on 9/26, 1953, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Paul E. Carlin

23B. ADDRESS

2217 South Road

23C. DATE SIGNED

9/26/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

9/27/1953

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Memphis, Tenn.

DATE RECEIVED BY  
LOCAL REGISTRAR

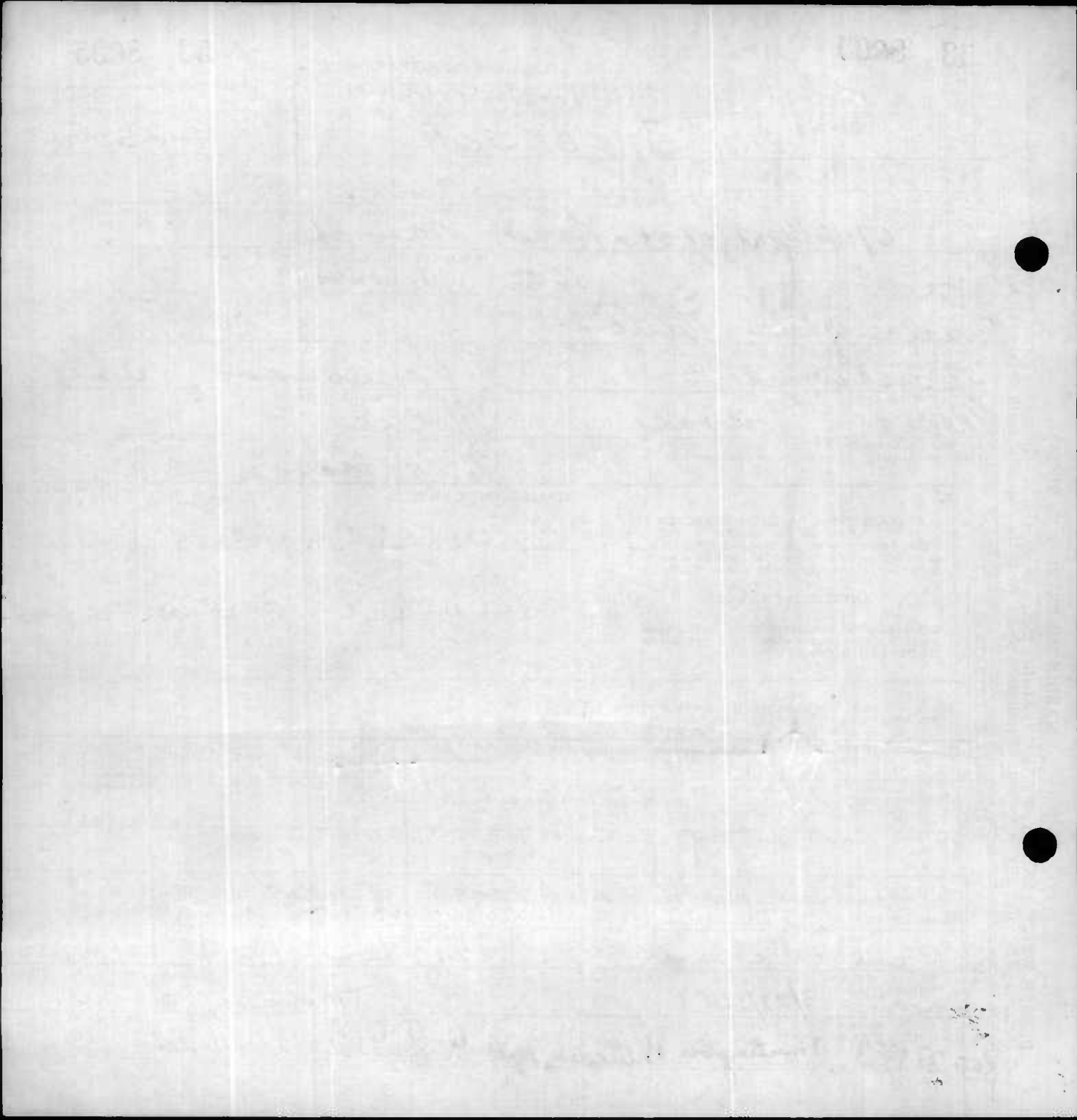
REGISTRAR'S SIGNATURE

Huntington Williams, M.D. - 2100 Entaw Place

25. FUNERAL DIRECTOR

ADDRESS

SEP 27 1953  
VS 150





N-550  
53 8606BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

TH NO. \_\_\_\_\_

NAME OF DECEASED (Last, first, middle, or Print) <i>Mr. Samuel Newman</i>		2. DATE OF DEATH <i>Sept - 26 - 53</i>	
PLACE OF DEATH: Baltimore City, Maryland <i>Union Memorial Hosp.</i>		4. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>	
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Pikesville 8, Md.</i>	
D. STREET ADDRESS (If rural, give location) <i>same -</i>		5. AGE (In years last birthday) <i>65</i>	
6. COLOR OR RACE <i>W.</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	
8. DATE OF BIRTH <i>March 11 - 1888</i>		9. AGE (In years last birthday) <i>65</i>	
10. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) <i>retired</i>		11. BIRTHPLACE (State or foreign country) <i>ENGLAND</i>	
12. CITIZEN OF WHAT COUNTRY? <i>ENGLAND</i>		13. MOTHER'S MAIDEN NAME <i>France (Unknown)</i>	
14. FATHER'S NAME <i>Mr. Mark Newman</i>		15. INFORMANT <i>Mrs. Eva Newman</i>	
16. SOCIAL SECURITY NO. _____		17. ADDRESS <i>same</i>	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		(A) <i>Infarction of the Myocardium</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Atherosclerotic coronary thrombosis</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		23. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
24. TIME (Month) (Day) (Year) (Hour) OF INJURY		25. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
26. HOW DID INJURY OCCUR?		27. I hereby certify that I attended the deceased from <i>Sept 26, 1953</i> to <i>Sept 26, 1953</i> that I last saw the deceased alive on <i>Sept 26, 1953</i> , and that death occurred at <i>9 1/2 m.</i> , from the causes and on the date stated above.	
28. SIGNATURE <i>Dr. J. H. Lewis</i>		29. ADDRESS <i>Union Memorial Hosp. Baltimore</i>	
30. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		31. DATE <i>9-28-53</i>	
32. NAME OF CEMETERY OR CREMATORY <i>Baltimore Hebrew</i>		33. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
34. RECEIVED BY <i>Registrar</i>		35. FUNERAL DIRECTOR <i>Jack Lewis</i>	
36. ADDRESS <i>2100 Eutan Pl</i>		37. SIGNATURE <i>6904G</i>	

SEP 27 1953

STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

IN SENATE

January 1, 1900

REPORT

OF THE

ATTORNEY GENERAL

FOR THE YEAR

1899

ALBANY:

1900

PRINTED BY

THE STATE

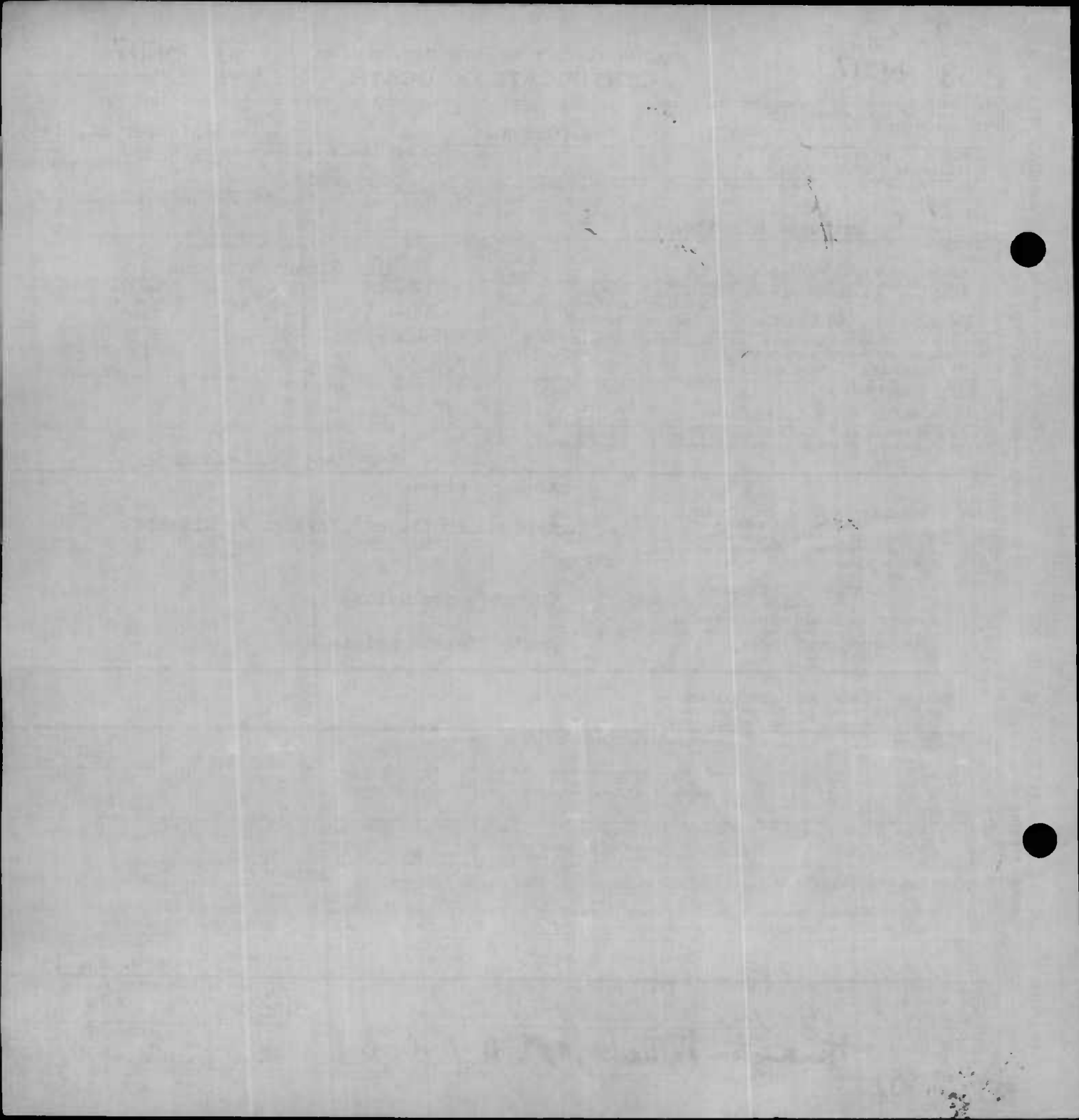
OF NEW YORK

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8607  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		RUTH JACOBSON		2. DATE OF DEATH September 24, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-02			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3501 Eldorado Avenue			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10-31-1904	9. AGE (in years last birthday) 48	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto. Md.	
13. FATHER'S NAME Jacob Frieden		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Benj. Jacobson - same	
18. 420.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Arteriosclerotic cardiovascular disease			
ANTECEDENT CAUSES		(B) Coronary occlusion			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Acute pyelonephritis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Hart		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED Sept. 25, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/27/1953		24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship	
24D. LOCATION (City, town, or county) Balto		24E. LOCATION (State) Md.			
DATE RECEIVED BY LOCAL REGISTRAR SEP 27 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR J. P. Lewis Inc - 2100 Eutaw Rd	

SEP 27 1953



D-568  
53 8608BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-07326

1. NAME OF DECEASED  
(Type or Print)

BEVERLY NAN DIENER

2. DATE  
OF  
DEATH

9-26-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

4024 No Rogers Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 28-41

D. STREET ADDRESS (If rural give location)

4024 No Rogers Ave

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years

last birthday)

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Irving Diener

14. MOTHER'S MAIDEN NAME

Edith Roberts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Irving Diener - Same

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

Bronchopneumonia &amp; Pyaemia

DUE TO

(B)

Infection

DUE TO

(C)

Cerebral Defect, Congenital

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Sept 26, 1953, that I last saw the deceased alive on Sept 26, 1953, and that death occurred at 7 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Milton Markovitz

23B. ADDRESS

1109 ST. Paul St

23C. DATE SIGNED

9/26/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-27-53

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

SEP 27 1953

REGISTRAR'S SIGNATURE

Huntington, Williams, MD

25. FUNERAL DIRECTOR

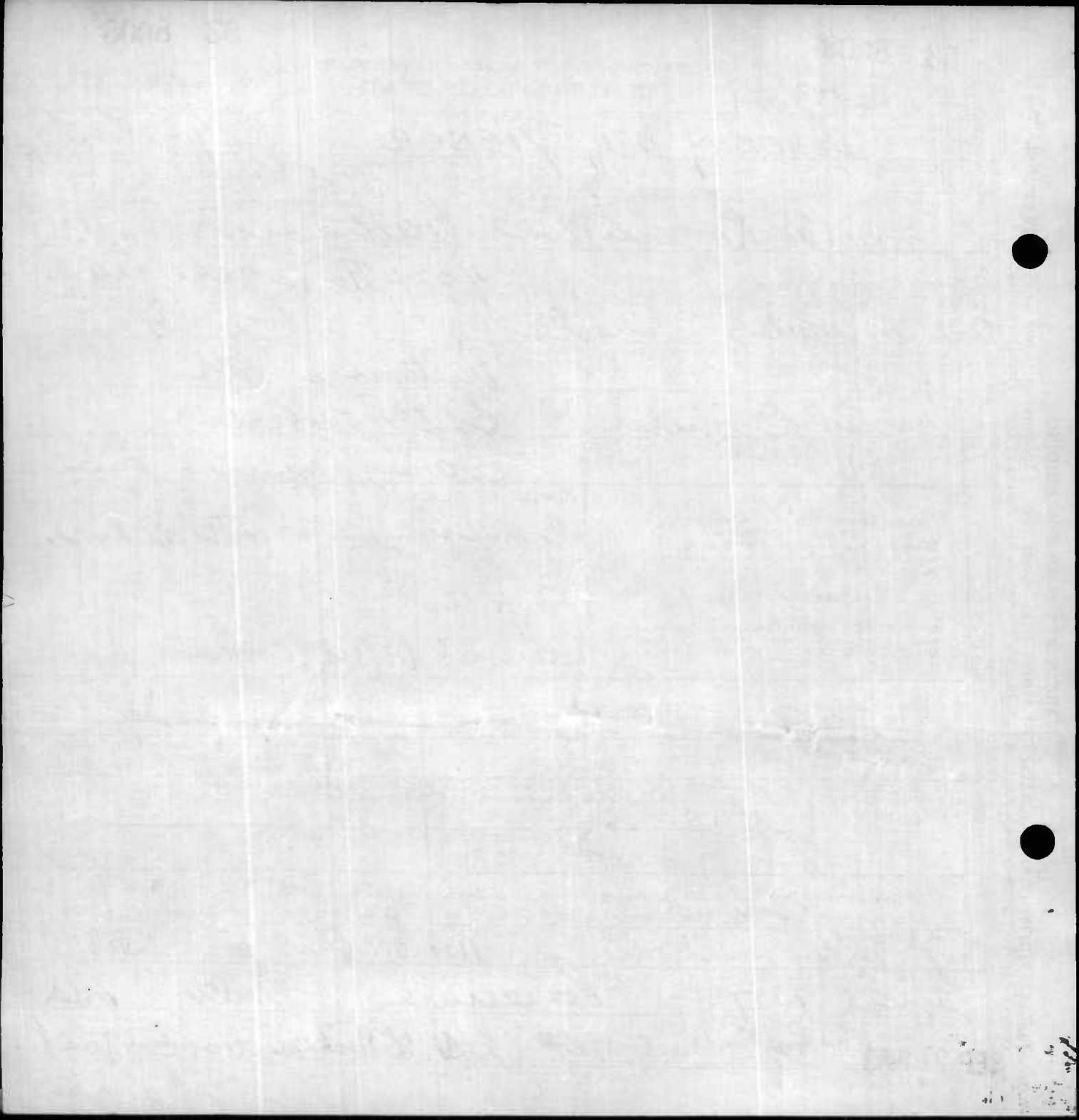
Brook &amp; Co 2100 Eutan Pl

ADDRESS

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





53-5300 8609

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8609

TH NO. 53-23272

NAME OF DECEASED  
(Please Print)BABY GIRL Claire Drum Geipe  
GEIPE2. DATE  
OF  
DEATH

9/26/53

PLACE OF DEATH:

Baltimore City, Maryland

Mercy Hospital

FULL NAME OF (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

28-04

D. STREET ADDRESS (If rural, give location)

515 Old Orchard Rd.

Length of stay in Baltimore

1 hr. 50 min.

Yrs.  
Mos.  
Days

SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Newborn

8. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

None

10a. KIND OF BUSINESS OR  
INDUSTRY

-

8. DATE OF BIRTH

9/26/53

9. AGE (In years  
last birthday)If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

1

50

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

FATHER'S NAME

J. Norman Geipe

14. MOTHER'S MAIDEN NAME

Louise Green

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

no or unknown

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Louise G. Geipe 515 Old Orchard Rd

18. 776x I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Prematurity (6 mos.)

1 hr. 50 min

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 9/26, 1953, to 9/26, 1953, that I last saw the  
deceased alive on 9/26, 1953, and that death occurred at 11:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Clara M. Santamaria M.D.

23b. ADDRESS

Mercy Hospital, Balt., Md.

23c. DATE SIGNED

9/26/53

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

9/28/53

24c. NAME OF CEMETERY OR CREMATORY

Woodlawn

24d. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

25. RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 27 1953  
Huntington Williams, M.D.

B. B. Wilson &amp; Son 805 N. Calvert St

MINISTRY OF HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

1. DECEASED'S NAME (PRINTED)  
2. SEX  
3. AGE  
4. DATE OF BIRTH  
5. PLACE OF BIRTH  
6. OCCUPATION  
7. MARITAL STATUS  
8. DATE OF DEATH  
9. PLACE OF DEATH  
10. CAUSE OF DEATH  
11. SIGNATURE OF REGISTRAR  
12. SIGNATURE OF MEDICAL OFFICER  
13. SIGNATURE OF WITNESSES

53-525  
8610BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8610  
Registered No.

TH NO.

NAME OF DECEASED  
(Print)

Alice A. Johnson

2. DATE  
OF  
DEATH

9/25/53

PLACE OF DEATH:

Baltimore City, Maryland

Baltimore

FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hospital

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

USUAL OCCUPATION (Give kind of  
work during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR  
INDUSTRY

at home

FATHER'S NAME

Marion Mitchell

8. DATE OF BIRTH

9-7-17

9. AGE (In years,  
last birthday)

36

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

A. G. West S. S. S.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

John D. Johnson 319 E. Frost Ave

8. 410X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Rheumatic heart disease  
with mitral stenosis

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Pulmonary edema

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT  
WORKNOT WHILE  
AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/23, 1953, to 9/25, 1953, that I last saw the  
deceased alive on 9/25, 1953 and that death occurred at 6 p. m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

25. RECEIVED BY  
REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

51-1

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8611  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WARREN G. ROACH

2. DATE  
OF  
DEATH

9-26-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

D.O.A. - Md. GEN. Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Virginia

PITTSYLVANIA

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Gretna

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Two

Year  
Month  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2-23-19

9. AGE (In years  
last birthday)

34

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

BRICKMASON

10B. KIND OF BUSINESS OR  
INDUSTRY

Building

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

FREDERICK B. ROACH

14. MOTHER'S MAIDEN NAME

EFFIE TUCK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

US Army - 1941-42

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Ollie Colbert

Gretna VA

18. E974.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Chloral hydrate poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?11/4  
1309 Linden Ave. (visiting this address)

21D. TIME (Month) (Day) (Year) (Hour)

Sept. 26, 1953

21E. INJURY OCCURRED  
OF INJURY

P. m.

WHILE AT ☐NOT WHILE ☐WORK ☐AT WORK ☒

21F. HOW DID INJURY OCCUR?

Ingestion of chloral hydrate

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

9-27-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct 1, 1953

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Gretna, Pitts Co., Virginia

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

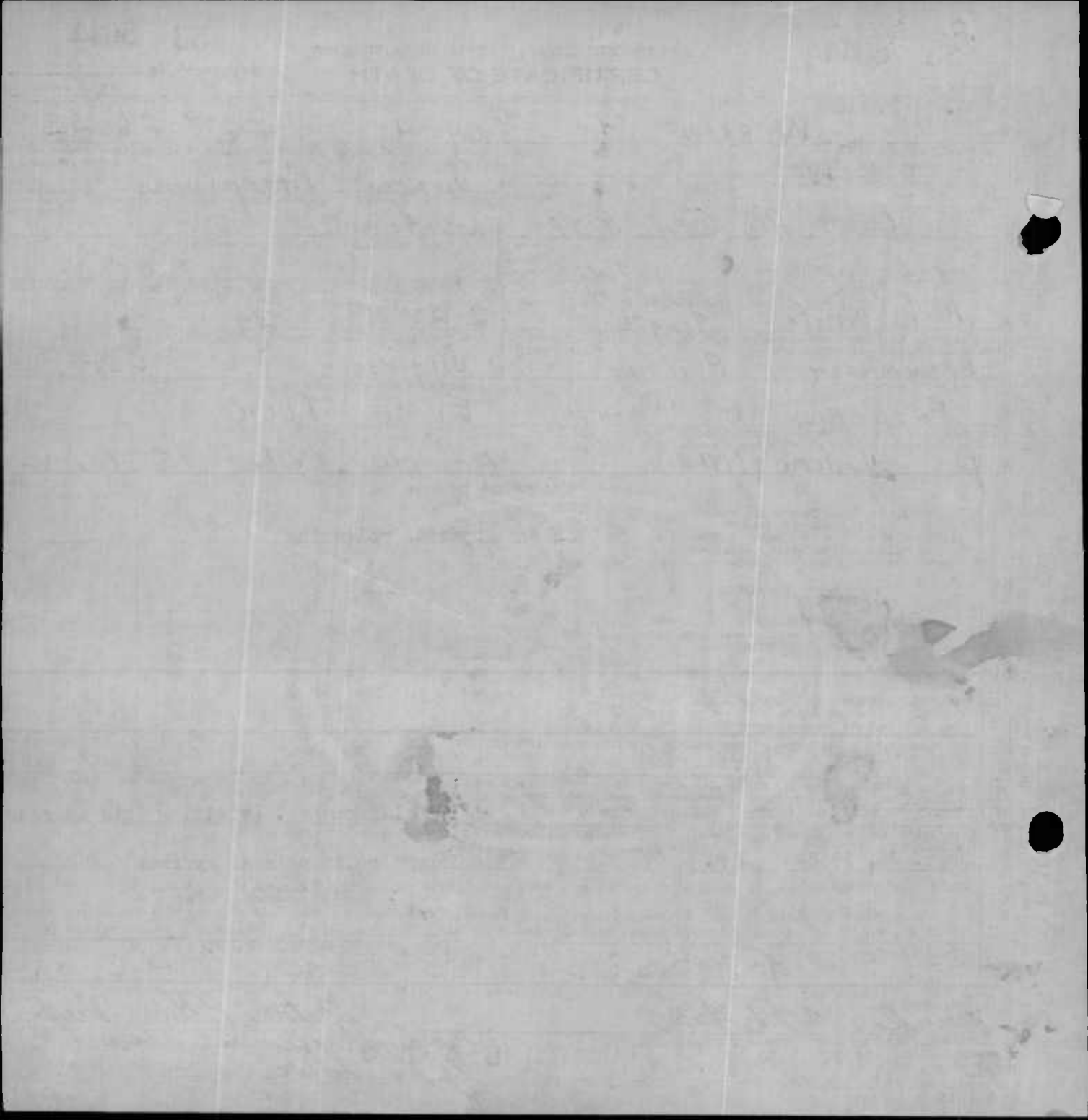
25. FUNERAL DIRECTOR

ADDRESS

VS 151

N974.0

504 24





W-160  
53 8612

53 8612

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

TH NO. \_\_\_\_\_

NAME OF DECEASED  
(Last, first, middle, or Print)

JENNIE WEBER

2. DATE  
OF  
DEATHSept. 26<sup>th</sup> 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

Union Memorial Hospital.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

24.

6-03

D. STREET ADDRESS (If rural, give location)

5, North Bradford Street.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 28 1914

9. AGE (In years,

last birthday)

39

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

America

FATHER'S NAME

Ludwig BARRAN

14. MOTHER'S MAIDEN NAME

Rose Kazmerski.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 445X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral edema

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

Malignant hypertension

Unknown

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cardiac hypertrophy

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 23<sup>rd</sup>, 1953, to Sept. 26<sup>th</sup>, 1953, that I last saw the deceased alive on Sept. 25<sup>th</sup>, 1953, and that death occurred at 3:15 a. m., from the causes and on the date stated above.

23a. SIGNATURE

H. M. Rowson.

M. D.

23b. ADDRESS

Union Memorial Hospital.

23c. DATE SIGNED

Sept. 26<sup>th</sup> 53

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

Sept 29/53

24c. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24d. LOCATION (City, town, or county)

Baltimore

(State)

25. RECEIVED BY

REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR

ADDRESS

27. CAL REGISTRAR

5 W 53-081

Fred W. Ozagowski

1930 8 1/2 Ave. G.

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

REPORT OF INVESTIGATION

TO THE DIRECTOR, FBI  
FROM THE SAC, NEW YORK  
SUBJECT: [Illegible]

DATE: [Illegible]  
BY: [Illegible]

CHARACTER OF CASE: [Illegible]

CLASSIFICATION: [Illegible]

STATUS: [Illegible]

REMARKS: [Illegible]

ADMINISTRATIVE: [Illegible]

OTHER: [Illegible]

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8613

TH NO.		NAME OF DECEASED (Last, first, middle, or Print)		2. DATE OF DEATH	
		Ida Grace Smith		Sept. 27-1953	
PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
Baltimore City, Maryland Balto. City		A. STATE Md. B. COUNTY			
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location)	
633 St. Ann's ave		Balto. City 9-08		633 St. Ann's ave	
Length of stay in Baltimore		Yrs. Mos. Days			
SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
Female	White	Widowed	June 2-1889	64	
1. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Housewife			Tennessee		
FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Columbus Belcher		Dona Van Sainte			
WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
			Thelma Waskiewicz 2406 Fair Ave.		
18. 171X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Generalized Carcinomatous		1 yr.	
ANTECEDENT CAUSES		(B) Carcinoma, cervix			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 15, 1953 to Sept 27, 1953 and that I last saw the deceased alive on Sept 21, 1953 and that death occurred at 8:15 a.m., from the causes and on the date stated above.					
23a. SIGNATURE		23b. ADDRESS		23c. DATE SIGNED	
D. Neil Grossman		1212 N. Patterson		9/27/53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
Burial		Sept 27-53		Bristol Va.	
25. FUNERAL DIRECTOR		ADDRESS			
Huntington Williams		Wm. S. Falkowski 2007 Eastern			

Dr. J. J. J. J. J.

3409 Rosedale Rd.

See query reply in Document file

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8614

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Carl Isroft

2. DATE  
OF  
DEATH

Sept 27, 1953

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

Phayer 2

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Westminster

D. STREET ADDRESS (If rural, give location)

5641

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

7-19-1894

9. AGE (In years  
last birthday)

59

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Charles Isroft

14. MOTHER'S MAIDEN NAME

Alice Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

213-05-1701

17. INFORMANT JOHNS HOPKINS HOSPITAL

18. 4201

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Acute myocardial infarction

4 days

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Coronary Thrombosis

4 days

DUE TO

(C)

Arteriosclerotic Cardiovascular  
Disease

4 yrs.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/24, 1953 to 9/27, 1953, that I last saw the  
deceased alive on 9/27, 1953, and that death occurred at 4:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin S. Rosenthal

M. D.

23B. ADDRESS JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

27 Sep 53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 30-53

24C. NAME OF CEMETERY OR CREMATORY

Westminster

24D. LOCATION (City, town, or county)

Carroll Co

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

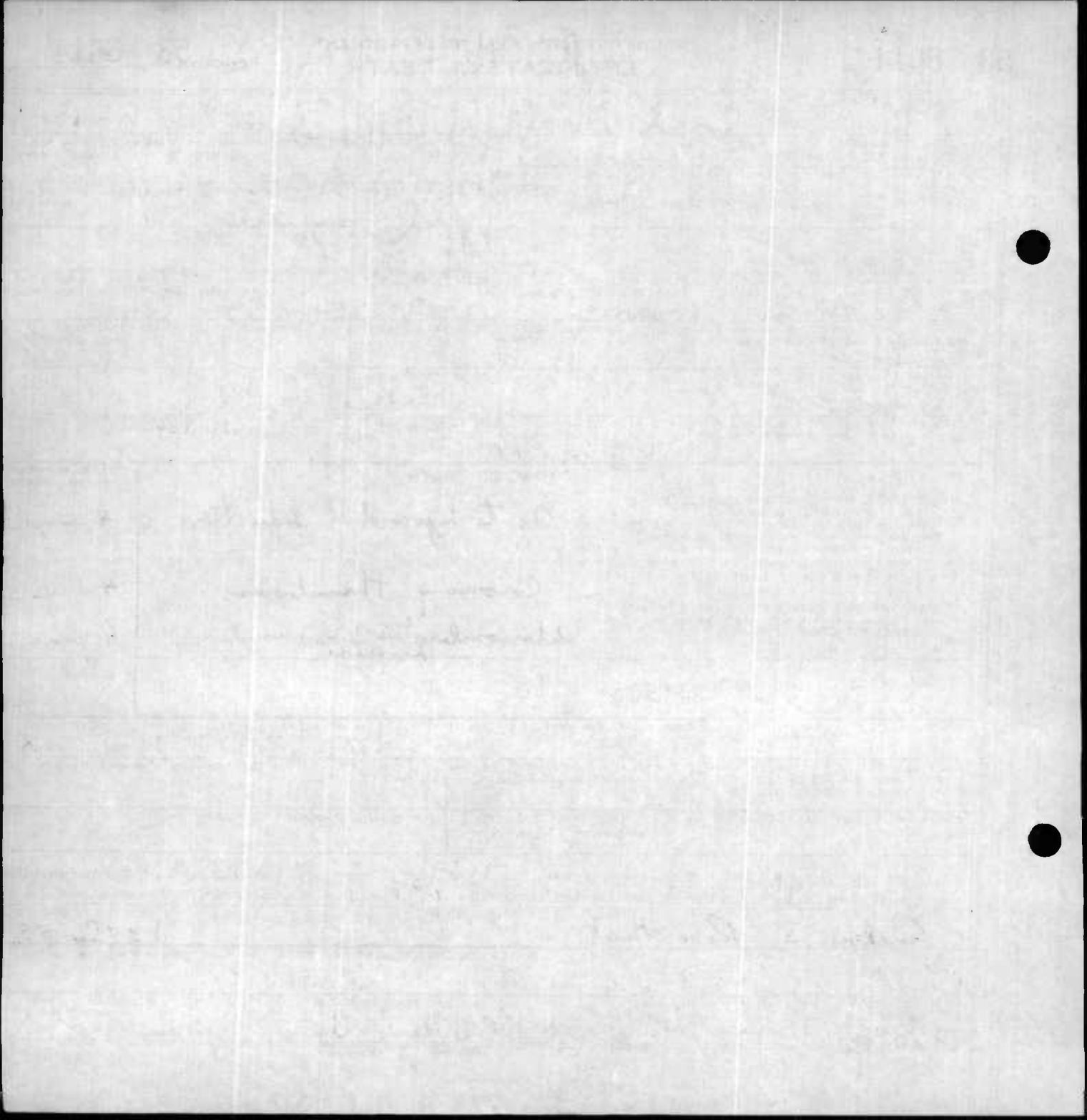
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 28 1953

Huntington 5 William H. 1803 Bank St. Westminster Md.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8615

BIRTH NO. 8015

1. NAME OF DECEASED (Type or Print) <b>Middleton, Mrs. Jessie Thelma</b>			2. DATE OF DEATH <b>9/27/53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>25-41</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>St. Agnes Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore #29</b>		
c. Length of stay in Baltimore <b>22 yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>3383 Dulaney St.</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9/13/05</b>		9. AGE (In years last birthday) <b>48</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	11. BIRTHPLACE (State or foreign country) <b>Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>HERBERT WATSON</b>			14. MOTHER'S MAIDEN NAME <b>LILLIAN KENDEL</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>None</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT ADDRESS <b>St. Agnes Hospital Records</b>		

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial infarction, acute</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Coronary occlusion</b> <b>Coronary atherosclerosis</b>		

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>9-26</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **9-26**, 19**53**, to **9-27**, 19**53**, that I last saw the deceased alive on **9-27**, 19**53**, and that death occurred at **1255 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Ronald A. Wolfel</b>	23B. ADDRESS <b>St. Agnes Hospital</b>	23C. DATE SIGNED <b>9-27-53</b>
---	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>9-30-53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>London Park</b>	24D. LOCATION (City, town, or county) (State) <b>BALTIMORE, MARYLAND</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 28 1953</b>	REGISTRAR'S SIGNATURE <b>H. H. H. H. H.</b>	25. FUNERAL DIRECTOR ADDRESS <b>W. B. Beckwith, 2101 Frederick Ave</b>	

George D. Schwab  
2101 Frederick Ave.

53 B-400  
8616BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8616

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

(Mollie) Mary E. Bailey

2. DATE  
OF  
DEATH

Sept. 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

2139 Mt. Holly St.

C. CITY OR TOWN (If outside corporate limits, write full name and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2139 Mt. Holly St.

c. Length of stay in Baltimore

8--Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 29, 1871

9. AGE (In years  
last birthday)

82

11 Under 1 Year: 11 Under 24 Hours  
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Registered Nurse

10B. KIND OF BUSINESS OR  
INDUSTRY

Nursing

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Bailey

14. MOTHER'S MAIDEN NAME

Grace Fleming

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Susie B. Jones 2139 Mt. Holly St.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Coronary arteriosclerotic heart disease 10 years

ANTECEDENT CAUSES

(B)

DUE TO

Arteriosclerosis, general 10 years

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19, 1946, to Sept. 26, 1953, that I last saw the  
deceased alive on Sept. 26, 1953, and that death occurred at 3:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Abraham B. Hurwitz

M. D.

23B. ADDRESS

2200 Garrison Blvd.

23C. DATE SIGNED

Sept. 26, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-29-1953

24C. NAME OF CEMETERY OR CREMATORY

West Laurel Hill

24D. LOCATION (City, town, or county)

Montgomery Co.

Penn.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.

SEP 28 1953

VS 150

<sup>410</sup>  
L.V. Hurwitz  
7700 Garrison Blvd. No 4.

-520  
1-622  
8617

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8617

TH NO.

NAME OF DECEASED  
(Last name or Print)

SUE OWENS Or Susanna Markiewicz

2. DATE  
OF  
DEATH

9/25/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF  
HOSPITAL OR  
INSTITUTION

MERCY Hosp. BALTO. MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE  
MARYLAND

B. COUNTY

C. CITY OR TOWN  
BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1602 Darley Ave.

Length of stay in Baltimore

Life 52

Yrs.  
Mos.  
Days

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MAR. - SEPARATED

8. DATE OF BIRTH

May 24 1901

9. AGE (In years  
last birthday)

52

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

10. USUAL OCCUPATION (Give kind of  
work during most of working life, even if retired)

WALLETRESS

10B. KIND OF BUSINESS OR  
INDUSTRY

Bonds Restaurant

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

USA.

FATHER'S NAME

MATTHEW PRICE

PRICE

Mateusz Przybyszewski

14. MOTHER'S MAIDEN NAME

MARY JANUCHOWSKI

Mary Januchowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

no or unknown

16. SOCIAL  
SECURITY NO.

220-22-2758

17. INFORMANT

Milton Markiewicz  
DECEASED

ADDRESS

1602

Darley Ave

18. 420.1 E 903.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Insufficiency

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Coronary Sclerosis

DUE TO

(C)

CERTIFICATION APPROVED BY

W. J. [Signature]

CHIEF OR ASST. MEDICAL EXAMINER

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

fracture of right hip

19A. DATE OF OPERATION

9/21/53

19B. MAJOR FINDINGS OF OPERATION

Fract. rt. hip.

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID  
INJURY OCCUR?

Home 1602 Darley Ave.

21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

Jan 18, 53 2:30 m.

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Tripped on Rug. - Fell to floor

22. I hereby certify that I attended the deceased from 9/21, 1953, to 9/25, 1953, that I last saw the  
deceased alive on 9/25, 1953, and that death occurred at 11:4 m., from the causes and on the date stated above.

23A. SIGNATURE

James R. Trope

M. D.

23B. ADDRESS

1632 Kingway Rd. Balto.

23C. DATE, SIGNED

9/25/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

usual

24B. DATE

Sep 29/53 Holy Rosary Cem

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Balto. County

25. RECEIVED BY  
CAL REGISTRAR

SEP 28 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John M. Weber 401 S. Chest

VS 150

N 820.1

1846M

07

CERTIFICATE OF DEATH

IN THE CITY OF NEW YORK

DECEASED

NAME

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Burial Officer

Signature of Undertaker

Signature of Funeral Home

Signature of Cemetery

Signature of Interment

Signature of Burial

Signature of Burial

Signature of Burial



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 8618

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)Eunice Martien Apsey2. DATE  
OF  
DEATHSept. 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Melrose & Bellona Aves.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)A. STATE  
Md.

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTIONLong Green Nursing HomeC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)Baltimore,

D. STREET ADDRESS (If rural, give location)

2118 St. Paul St.

C. Length of stay in Baltimore

70 yrs.Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

white7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)widow

8. DATE OF BIRTH

Aug. 4, 18709. AGE (In years  
last birthday)83If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)Ret. Church Organist10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Co. Md.12. CITIZEN OF  
WHAT COUNTRY?U. S.

13. FATHER'S NAME

William Martien

14. MOTHER'S MAIDEN NAME

Virginia Conradt15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL  
SECURITY NO.None

17. INFORMANT

ADDRESS

John Fletcher Apsey Jr. 1210 Stevenson18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Chronic myocarditisIndefinite

## ANTECEDENT CAUSES

(B)

DUE TO

Arteriosclerosis generalizedIndefiniteDISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

Coronary Infarction -6 yrs ago

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940 to Sept 25, 1953, that I last saw the  
deceased alive on Sept 25, 1953, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Michael J. Beck M.D.

23B. ADDRESS

2818 St. Paul Street

23C. DATE SIGNED

Sept 28-5324A. BURIAL, CREMA-  
TION, REMOVAL (Specify)Burial

24B. DATE

Sept. 28, 1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, MarylandDATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Joan B. Mitchell & Sons Inc. 1900 Eutaw

8-18

UNITED STATES OF AMERICA  
DEPARTMENT OF JUSTICE

8-18

MAILED 25

U.S. DEPT. OF JUSTICE

RECEIVED

U.S. DEPT. OF JUSTICE

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 8619

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Joseph T. Singewald

2. DATE  
OF  
DEATH

Sept. 25, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland 17 W. 29th. St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

17 W. 29th. St.

c. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 29, 1860

9. AGE (In years  
last birthday)

92

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

retired

10b. KIND OF BUSINESS OR  
INDUSTRY

Haberdashery

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Traugott Henry Singewald

14. MOTHER'S MAIDEN NAME

Sophia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Karl Singewald 17 W. 29th. St.

18. 422.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Heart Failure

2-3 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Myocarditis  
Atherosclerosis  
Bronch. PneumoniaGradual  
2 m.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21e. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1953 to Sept 25, 1953 that I last saw the  
deceased alive on 9-25, 1953, and that death occurred at 9 P. M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

M. H. Hardy

M. O.

1403 Park Ave

9-26-53

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

Sept. 28, 1953

24c. NAME OF CEMETERY OR CREMATORY

Baltimore,

24d. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

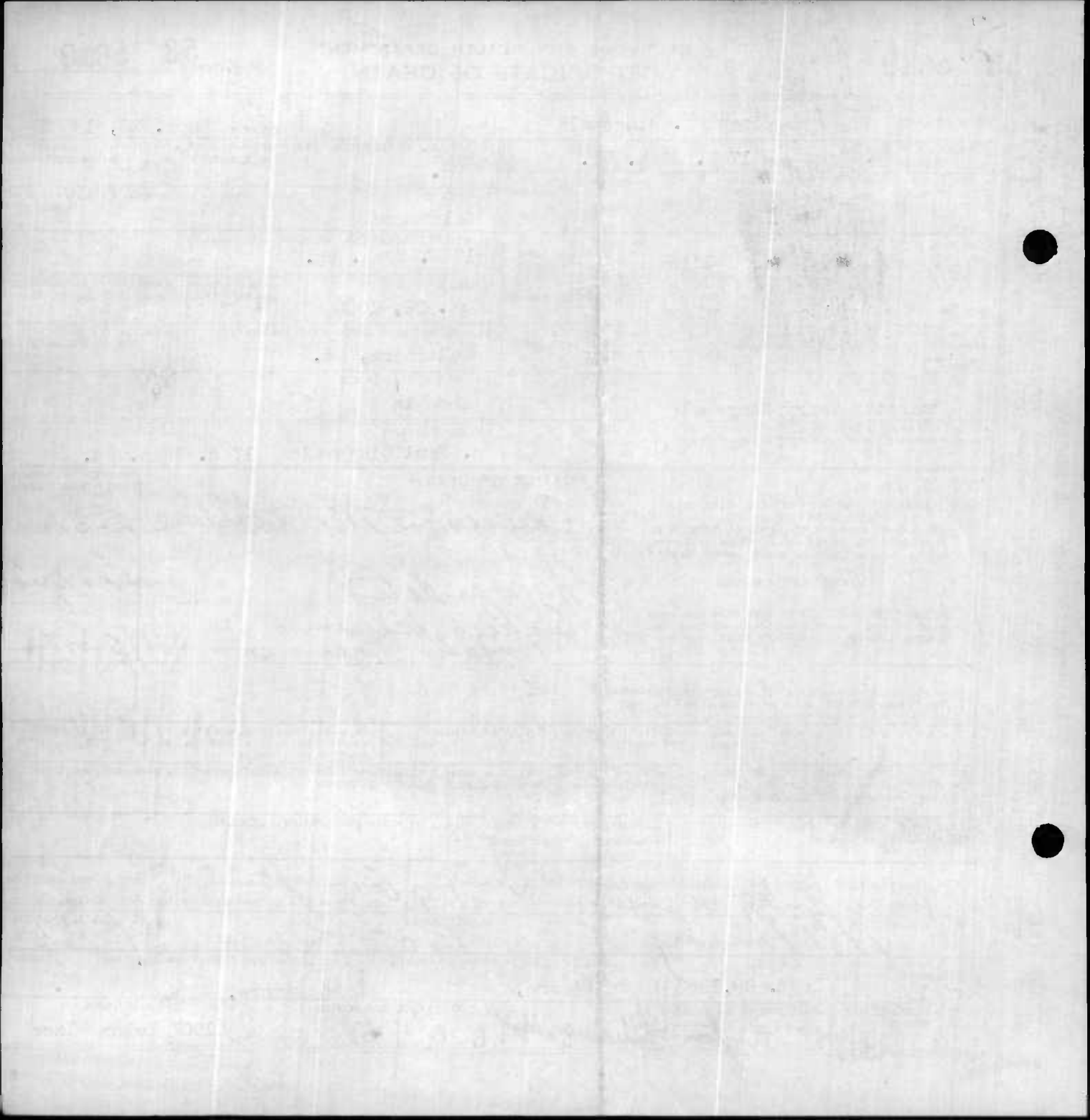
25. FUNERAL DIRECTOR

ADDRESS

SEP 28 1953

Huntington Williams, M.D. John O. Mitchell, S.M.D.

1900 Eutaw Place



4-620  
8620

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8620

1. NAME OF DECEASED (Type or Print) <b>Harris, Lewis E.</b>		2. DATE OF DEATH <b>9/27/53</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <b>Balto., Md.</b> B. COUNTY <b>13-06</b>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>USPHS Hosp. Balto. Md.</b> <b>Wyman Park Dr. &amp; 3kst ST</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto. MD</b>	
6. LENGTH OF STAY IN BALTIMORE <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>3321 Chestnut Ave Balto., Md.</b>	
7. SEX <b>M</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	10. DATE OF BIRTH <b>9/30/94</b>
11. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Bartender</b>		12. AGE (In years last birthday) <b>58</b>	
13. FATHER'S NAME <b>George Harris</b>		14. MOTHER'S MAIDEN NAME <b>Hoover, caroline</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <b>Yes</b>		16. SOCIAL SECURITY NO. <b>---</b>	
17. INFORMANT <b>Records USPHS Hosp Balto., Md.</b>		18. ADDRESS <b>Records USPHS Hosp Balto., Md.</b>	
19. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary Congestion &amp; Edema Bilateral Recent</b> DUE TO <b>Old Healed Anteroapical Myocardial infarction</b> II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Arteriosclerotic Heart Disease Severe</b> DUE TO <b>Severe</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21. DATE OF OPERATION <b>9/27/53</b>		22. MAJOR FINDINGS OF OPERATION <b>St Mary's</b>	
23. AUTOPSY? <b>YES</b>		24. DATE OF OPERATION <b>9/27/53</b>	
25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <b>NO</b>		26. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>USPHS Hosp Balto., Md.</b>	
27. WHERE DID INJURY OCCUR? <b>USPHS Hosp Balto., Md.</b>		28. HOW DID INJURY OCCUR? <b>3615-17 Chestnut Ave</b>	
29. I hereby certify that I attended the deceased from <b>9/27/53</b> to <b>9/27/53</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>9/27/53</b> , and that death occurred at <b>1:45 A.M.</b> , from the causes and on the date stated above.			
30. SIGNATURE <b>J.A. Hunter, Clinical Director</b>		31. DATE, SIGNED <b>9/28/53</b>	
32. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		33. DATE <b>9/30/53</b>	
34. NAME OF CEMETERY OR CREMATORY <b>St Mary's</b>		35. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
36. RECEIVED BY <b>Huntington William</b>		37. REGISTRAR'S SIGNATURE <b>William Huntington</b>	
38. FUNERAL DIRECTOR <b>3615-17 Chestnut Ave</b>		39. ADDRESS <b>3615-17 Chestnut Ave</b>	
VS 150 <b>2506M</b>			





53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-650  
8621

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8621

1. NAME OF DECEASED (Type or Print) <b>GEORGE D. BROWN</b>			2. DATE OF DEATH <b>9/26/53</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <b>Provident Hosp</b>			4. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission) A. STATE <b>md</b> B. COUNTY <b>16-05</b>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hosp</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto 16</b>		
c. Length of stay in Baltimore <b>Life</b>			d. STREET ADDRESS (If rural, give location) <b>2306 Edmondson ave</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 1900</b>		9. AGE (In years last birthday) <b>52</b> 53 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>B &amp; O. R.R.</b>		11. BIRTHPLACE (State or foreign country) <b>md.</b>	
13. FATHER'S NAME <b>Joseph Brown</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
14. MOTHER'S MAIDEN NAME <b>Elba</b>			17. INFORMANT <b>Odessa Brown</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>			16. SOCIAL SECURITY NO. <b>2306 Edmondson</b>		

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive Cardiovascular Disease</b>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Inspection</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE <b>R.H. Fisher</b>		23b. CHIEF MEDICAL EXAMINER..... <b>X</b> ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23c. DATE SIGNED <b>9-26-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>SEP 30 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>mt Auburn</b>	
24d. LOCATION (City, town, or county) <b>Balto</b>		24e. DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 28 1953</b>		24f. REGISTRAR'S SIGNATURE <b>Stuntington</b>	
24g. FUNERAL DIRECTOR <b>James A. Hayes</b>		24h. ADDRESS <b>638 N. 9th St</b>		24i. V.S. 151	

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UNITED STATES

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53-512  
53 8622BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8622  
Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Henry Joseph Simpson</b>		2. DATE OF DEATH <b>9-24-1953</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>19-01</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>10 yrs</b> Yrs. <b>10</b> Mos. <b>0</b> Days <b>0</b>		D. STREET ADDRESS (If rural, give location) <b>536 North Carey Street #1</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-10-1914</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bank Teller</b>		9. AGE (In years last birthday) <b>39</b>	11. BIRTHPLACE (State or foreign country) <b>South Carolina</b>
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Edward Simpson (dec.)</b>		14. MOTHER'S MAIDEN NAME <b>Emma Williams</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>B.C.H. 4940 Eastern Ave. (records)</b>		ADDRESS <input checked="" type="checkbox"/>	

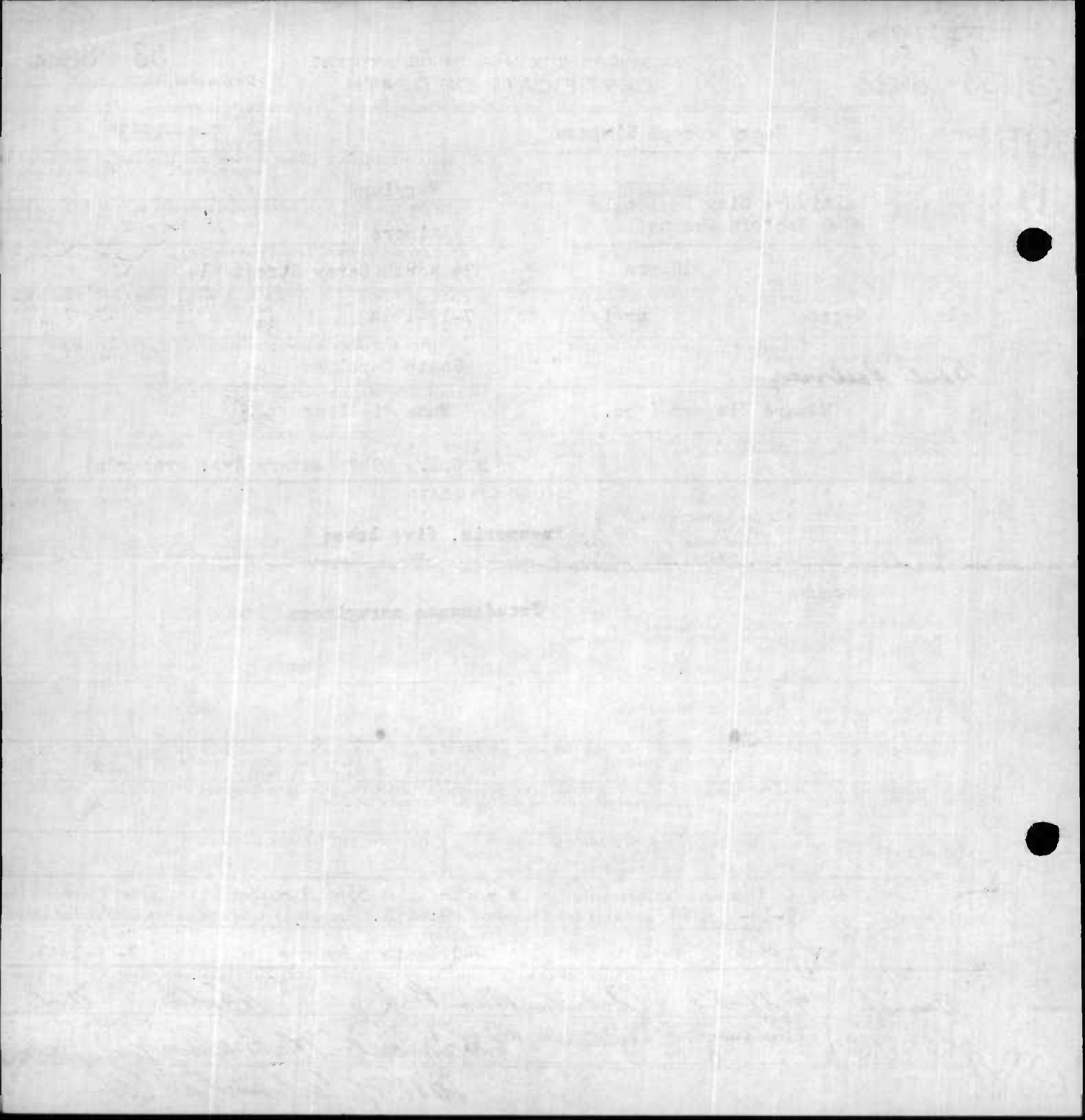
18. <b>490X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pneumonia, five lobes</b> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Pseudomonas aeruginosa</b> (B) DUE TO		
(C) DUE TO		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <b>9-24-53</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-20-**, 19**53** to **9-24-**, 19**53** that I last saw the deceased alive on **9-24-**, 19**53**, and that death occurred at **9:40 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>H. J. Simpson</b>	23B. ADDRESS <b>4940 Eastern Avenue</b>	23C. DATE SIGNED <b>9-24-1953</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9-29-53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Arbutus Mem. Park</b>
24D. LOCATION (City, town, or county) (State) <b>Balt. Md.</b>	25. FUNERAL DIRECTOR <b>Samuel W. Sullivan, Jr.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 28 1953</b>	REGISTER'S SIGNATURE <b>Huntington Sullivan, Jr.</b>	

97099, 1011 N. Calington Ave



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

MR. FRITZ WEDEMAN

2. DATE

OF

DEATH

9-25-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO. MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

HALETHORPE 27.

D. STREET ADDRESS (If rural, give location)

2900 ILLINOIS AVE

5300

c. Length of stay in Baltimore

52

Yrs.

Mos.

Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

MALE

WHITE

MARRIED

9-2-1900

53

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

SELF EMPLOYED

GERMANY

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Ferdinand Wedeman

Wilhelmina Aschenbach

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS.

Mrs. R. Wedeman 3 Illinois Ave

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Vascular Accident 9/17/53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension 9/25/53

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/17/53, 19\_\_, to 9/25/53, 19\_\_, that I last saw the deceased alive on 9/25/53, 19\_\_, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

B. M. Middleton M. D.

St. Anne Hospital

9/25/53

24A. BURIAL CREMA- TORY (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Funeral Home

9/28/53

Memorial Cemetery

Wash Blvd

DATE RECEIVED BY LOCAL REGISTRAR

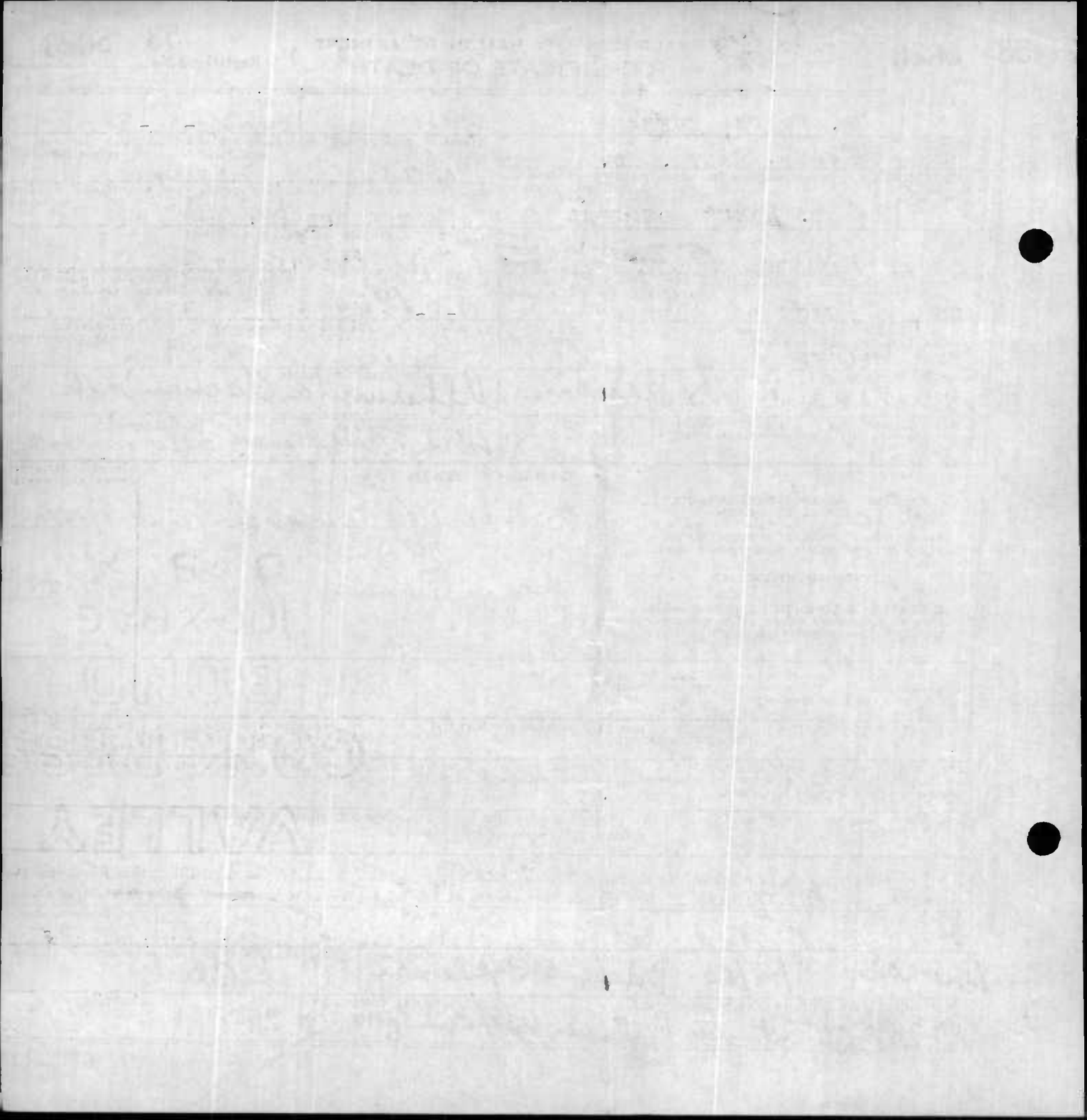
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 28 1953

Huntington Williams, M. D. 25 N. LYNCH ST





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. **53 8625**

BIRTH NO. **53-23559**

1. NAME OF DECEASED  
(Type or Print)

*Baby Girl Boyd*

2. DATE  
OF  
DEATH

*9/27/53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

*Women's Hospital*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE *Maryland*

B. COUNTY *Baltimore*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Baltimore*

D. STREET ADDRESS (If rural, give location)

*805 Quincy Road*

5. SEX

*female*

6. COLOR OR RACE

*white*

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

*single*

8. DATE OF BIRTH

*9/26/53*

9. AGE (In years;  
last birthday)

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

*1 14 42*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*child*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Baltimore, Maryland*

12. CITIZEN OF  
WHAT COUNTRY?

*U.S.A*

13. FATHER'S NAME

*Walter E. Boyd, Jr.*

14. MOTHER'S MAIDEN NAME

*Catherine F. Bowman*

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

*Mr. Walter E. Boyd, Jr. 805 Quincy Rd*

18. *762.5*

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

*Congenital Atelectasis*

DUPLICATE

ANTECEDENT CAUSES

(B)

*Prematurity*

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUPLICATE

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *3:09* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*Charles H. Brown, Jr.*

*Hospital for Women & Md.*

*9/27/53*

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial*

*Sept 28, 1953*

*Parkwood Cemetery*

*Baltimore, Maryland*

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

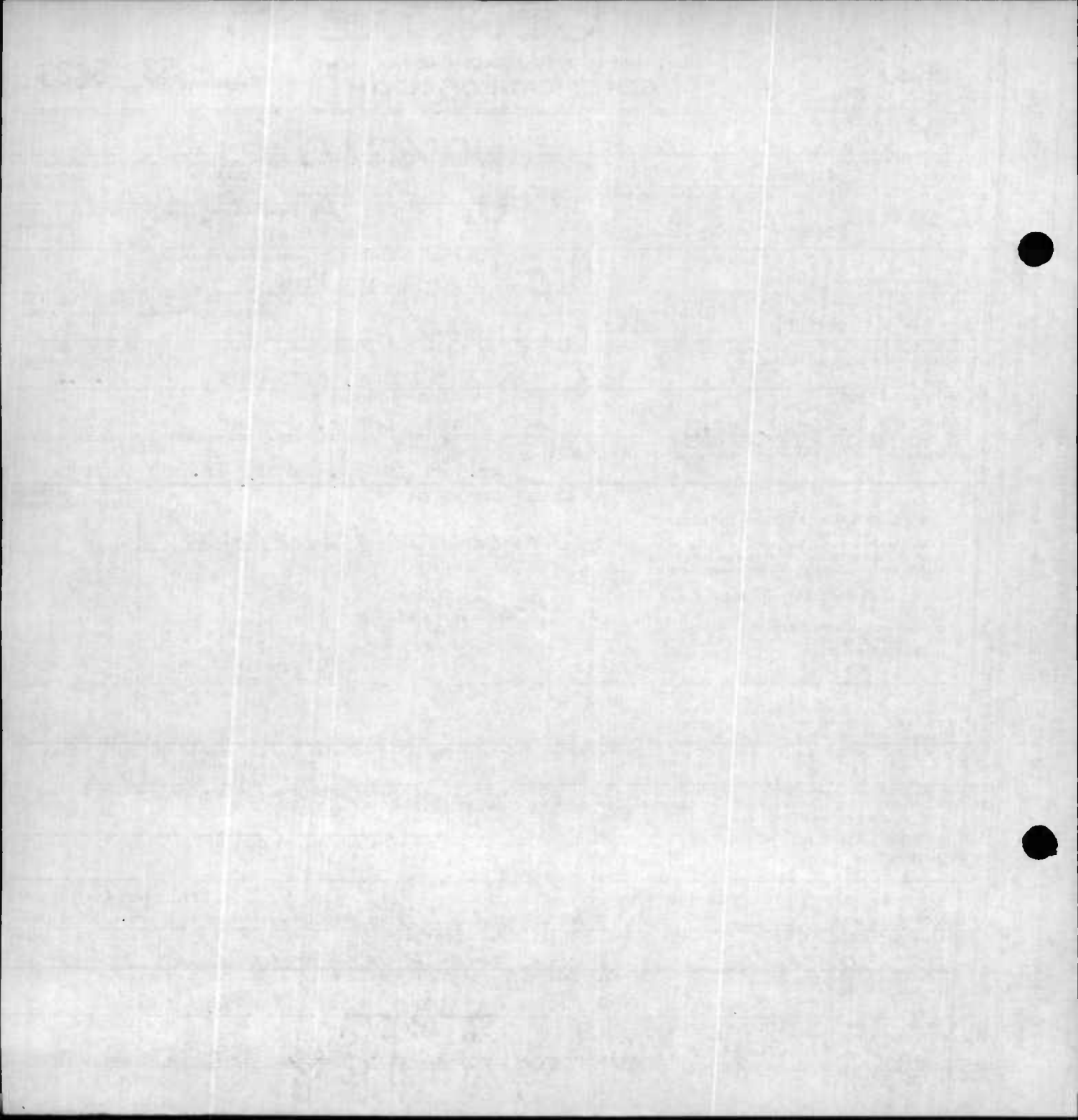
ADDRESS

*SEP 28 1953*

*Huntington Williams, M.D.*

*Leonard J. Ruck*

*5305 Harford Road*



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 53 8626

- 320  
8626

1. NAME OF DECEASED (Last, first, middle, or Print) <b>ANDREW J. LUDWIG</b>		2. DATE OF DEATH <b>9/24/53</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland MERCY HOSPITAL INC</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>MERCY HOSPITAL, INC.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 9-06</b>	
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1925 E. 31<sup>ST</sup> ST. BALTO. MD.</b>	
7. SEX <b>M</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	10. DATE OF BIRTH <b>4/19/29</b>
11. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) <b>BROTHER - REAL ESTATE - SELF</b>		12. AGE (In years last birthday) <b>64</b>	13. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
14. FATHER'S NAME <b>ANDREW LUDWIG</b>		15. BIRTHPLACE (State or foreign country) <b>BALTIMORE - Md</b>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>YES WWI</b>		17. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
18. SOCIAL SECURITY NO.		19. MOTHER'S MAIDEN NAME <b>ANNA GRAFTON</b>	
20. INFORMANT ADDRESS <b>Mrs Mary D. Ludwig - 1925 E 31<sup>ST</sup></b>		21. CAUSE OF DEATH	
22. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		23. INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>	
24. ANTECEDENT CAUSES		25. DUE TO	
26. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		27. (A) <b>UR EMIA</b>	
		(B) <b>HYPERTENSION</b>	
		CUE TO <b>GENERALIZED ARTERIOSCLEROTIC</b>	
		(C) <b>HYPEROSCLEROSIS</b>	
28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
29. DATE OF OPERATION <b>0</b>		30. MAJOR FINDINGS OF OPERATION	
31. DATE OF OPERATION <b>0</b>		32. MAJOR FINDINGS OF OPERATION	
33. DATE OF OPERATION <b>0</b>		34. MAJOR FINDINGS OF OPERATION	
35. DATE OF OPERATION <b>0</b>		36. MAJOR FINDINGS OF OPERATION	
37. DATE OF OPERATION <b>0</b>		38. MAJOR FINDINGS OF OPERATION	
39. DATE OF OPERATION <b>0</b>		40. MAJOR FINDINGS OF OPERATION	
41. DATE OF OPERATION <b>0</b>		42. MAJOR FINDINGS OF OPERATION	
43. DATE OF OPERATION <b>0</b>		44. MAJOR FINDINGS OF OPERATION	
45. DATE OF OPERATION <b>0</b>		46. MAJOR FINDINGS OF OPERATION	
47. DATE OF OPERATION <b>0</b>		48. MAJOR FINDINGS OF OPERATION	
49. DATE OF OPERATION <b>0</b>		50. MAJOR FINDINGS OF OPERATION	
51. DATE OF OPERATION <b>0</b>		52. MAJOR FINDINGS OF OPERATION	
53. DATE OF OPERATION <b>0</b>		54. MAJOR FINDINGS OF OPERATION	
55. DATE OF OPERATION <b>0</b>		56. MAJOR FINDINGS OF OPERATION	
57. DATE OF OPERATION <b>0</b>		58. MAJOR FINDINGS OF OPERATION	
59. DATE OF OPERATION <b>0</b>		60. MAJOR FINDINGS OF OPERATION	
61. DATE OF OPERATION <b>0</b>		62. MAJOR FINDINGS OF OPERATION	
63. DATE OF OPERATION <b>0</b>		64. MAJOR FINDINGS OF OPERATION	
65. DATE OF OPERATION <b>0</b>		66. MAJOR FINDINGS OF OPERATION	
67. DATE OF OPERATION <b>0</b>		68. MAJOR FINDINGS OF OPERATION	
69. DATE OF OPERATION <b>0</b>		70. MAJOR FINDINGS OF OPERATION	
71. DATE OF OPERATION <b>0</b>		72. MAJOR FINDINGS OF OPERATION	
73. DATE OF OPERATION <b>0</b>		74. MAJOR FINDINGS OF OPERATION	
75. DATE OF OPERATION <b>0</b>		76. MAJOR FINDINGS OF OPERATION	
77. DATE OF OPERATION <b>0</b>		78. MAJOR FINDINGS OF OPERATION	
79. DATE OF OPERATION <b>0</b>		80. MAJOR FINDINGS OF OPERATION	
81. DATE OF OPERATION <b>0</b>		82. MAJOR FINDINGS OF OPERATION	
83. DATE OF OPERATION <b>0</b>		84. MAJOR FINDINGS OF OPERATION	
85. DATE OF OPERATION <b>0</b>		86. MAJOR FINDINGS OF OPERATION	
87. DATE OF OPERATION <b>0</b>		88. MAJOR FINDINGS OF OPERATION	
89. DATE OF OPERATION <b>0</b>		90. MAJOR FINDINGS OF OPERATION	
91. DATE OF OPERATION <b>0</b>		92. MAJOR FINDINGS OF OPERATION	
93. DATE OF OPERATION <b>0</b>		94. MAJOR FINDINGS OF OPERATION	
95. DATE OF OPERATION <b>0</b>		96. MAJOR FINDINGS OF OPERATION	
97. DATE OF OPERATION <b>0</b>		98. MAJOR FINDINGS OF OPERATION	
99. DATE OF OPERATION <b>0</b>		100. MAJOR FINDINGS OF OPERATION	

CERTIFICATE OF DEATH

IN THE DISTRICT OF COLUMBIA

FILE NO. 100-100000

DATE OF DEATH 10-10-1960

PLACE OF DEATH 100-100000

CAUSE OF DEATH 100-100000

AGE 100-100000

SEX 100-100000

RACE 100-100000

EDUCATION 100-100000

OCCUPATION 100-100000

RELIGION 100-100000

MARITAL STATUS 100-100000

DATE OF BIRTH 100-100000

PLACE OF BIRTH 100-100000

DATE OF ENTRY 100-100000

REASON FOR ENTRY 100-100000

EDUCATIONAL LEVEL 100-100000

PROFESSIONAL LEVEL 100-100000

TECHNICAL LEVEL 100-100000

MANUAL LEVEL 100-100000

UNEMPLOYED 100-100000

RETIRED 100-100000

OTHER 100-100000

REMARKS 100-100000

SIGNATURE 100-100000

DATE 100-100000

PLACE 100-100000

REMARKS 100-100000

SIGNATURE 100-100000

DATE 100-100000

PLACE 100-100000

REMARKS 100-100000

SIGNATURE 100-100000

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PLACE 100-100000

REMARKS 100-100000

SIGNATURE 100-100000

DATE 100-100000

PLACE 100-100000

REMARKS 100-100000

SIGNATURE 100-100000

DATE 100-100000

PLACE 100-100000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct are is especially important. Physicians: please write the causes of death clearly and legibly.

53-8627 BIRTH NO.


Registered No. 53 8627

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
William Keene		SEP 25 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION location) JOHNS HOPKINS HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write R.R. and give township) Baltimore	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location)	
40 yrs.		401 N. Parrish St	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
male	colored	m.	1-24-82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Laborer		Bethlehem Steel Co.	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Golden Hill, Md.		U. S. A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Thomas Keene		Martha Macoke	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
no		JOHNS HOPKINS HOSPITAL	

18. <b>163X</b>	<b>CAUSE OF DEATH</b>	<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	<b>(A)</b> <i>Carcinoma of lung</i>	<i>6 mos.</i>
<b>ANTECEDENT CAUSES</b>	<b>(B)</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	<b>DUE TO</b>	
	<b>(C)</b>	

11 OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 2		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEOICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> OR NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 9-8- 1953 to 9-25- 1953, that I last saw the deceased alive on 9-25- 1953, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE 	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 9-26-53
---	--	-----------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Sept. 30, 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Anne Arundel County, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 28 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Md.</i>	25. FUNERAL DIRECTOR <i>Mrs. Robert E. Dight</i>	ADDRESS <i>1129 N. Caroline</i>

VS 150

9703U

1129 N. Caroline

Conservation of Land



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 8628

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

RICKA ECKHARDT

2. DATE  
OF  
DEATH

9/25/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland I707 S. Hanover St

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION  
(If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

I707 S. Hanover Street

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

8/10/78

9. AGE (In years  
last birthday)

75

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR  
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

August Haffner

14. MOTHER'S MAIDEN NAME

Wilhelminia Hiller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Anterio sclerotic heart  
disease

15 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Generalized arterio  
sclerosis

?

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/27/52, 1952, to 9/25/53, 1953 that I last saw the  
deceased alive on 9/24/1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Harry Deibel

M. D.

1226 Hanover St.

9/26/53.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

B

24B. DATE

9/28/53

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 28 1953

Huntington Williams, M.D.

James L. McCully - 130 E. Fort Avenue

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 8629

BIRTH NO. 8629

1. NAME OF DECEASED  
(Type or Print)

Larry Scott

2. DATE  
OF  
DEATH

9-25-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Provident Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

18-02

D. STREET ADDRESS (If rural, give location)

1203 W. Lexington St.

C. Length of stay in Baltimore

9 mos.

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

ed

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Child

8. DATE OF BIRTH

11-29-52

9. AGE (In years

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

9

24

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Harry Scott

14. MOTHER'S MAIDEN NAME

Willie Mae Elyth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Almeda Watson 1207 W. Lexington St.

18. 571.0

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Toxemia &amp; Severe Dehydration

DUE TO

## ANTECEDENT CAUSES

(B)

Gastro-enteritis, Acute

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

Pneumonia

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 24, 1953, to Sept. 25, 1953, that I last saw the deceased alive on Sept. 25, 1953, and that death occurred at 1:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

George R. Leyno M.D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

9-26-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 28 1953

Huntington Williams, M.D.

Mrs Katie R Williams

Schroeder St

6392

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 8630**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Weigand Hauenstein</b>		2. DATE OF DEATH <b>Sept. 26, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>2506 W. Pratt St.</b>		C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>34 Yrs.</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2506 W. Pratt St.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 31, 1870</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Drew Master</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	9. AGE (In years last birthday) <b>82</b>
13. FATHER'S NAME <b>John Hauenstein</b>		12. CITIZEN OF WHAT COUNTRY? <b>Germany</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Germany</b>
17. INFORMANT <b>Walter A. Hauenstein</b>		ADDRESS	

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ARTERIO SCLEROTIC CARDIO- VASCULAR DISEASE &amp; CONGESTIVE FAILURE</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>SEXUALITY</b>		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7/24**, 19**53** to **7/26**, 19**53**, that I last saw the deceased alive on **7/26**, 19**53**, and that death occurred at **6:20 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>John H. Shaw</b>	23B. ADDRESS <b>201 Cherry Creek</b>	23C. DATE SIGNED <b>9/28/53</b>
---------------------------------------	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept. 30, 1953</b>	24C. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>New Uhl, Minn.</b>
--	------------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 28 1953</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>W. A. Cole</b>	ADDRESS <b>1913 W. Baltimore St.</b>
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100



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8631**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**Stenberg Mary**2. DATE  
OF  
DEATH**9-28-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury, or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-28**, 19**53**, to **9-28**, 19**53**, that I last saw the  
deceased alive on **9-28**, 19**53**, and that death occurred at **5:45** a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

**Robert W. Inland**

M. D.

**Sinai Hospital****9-28-53**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

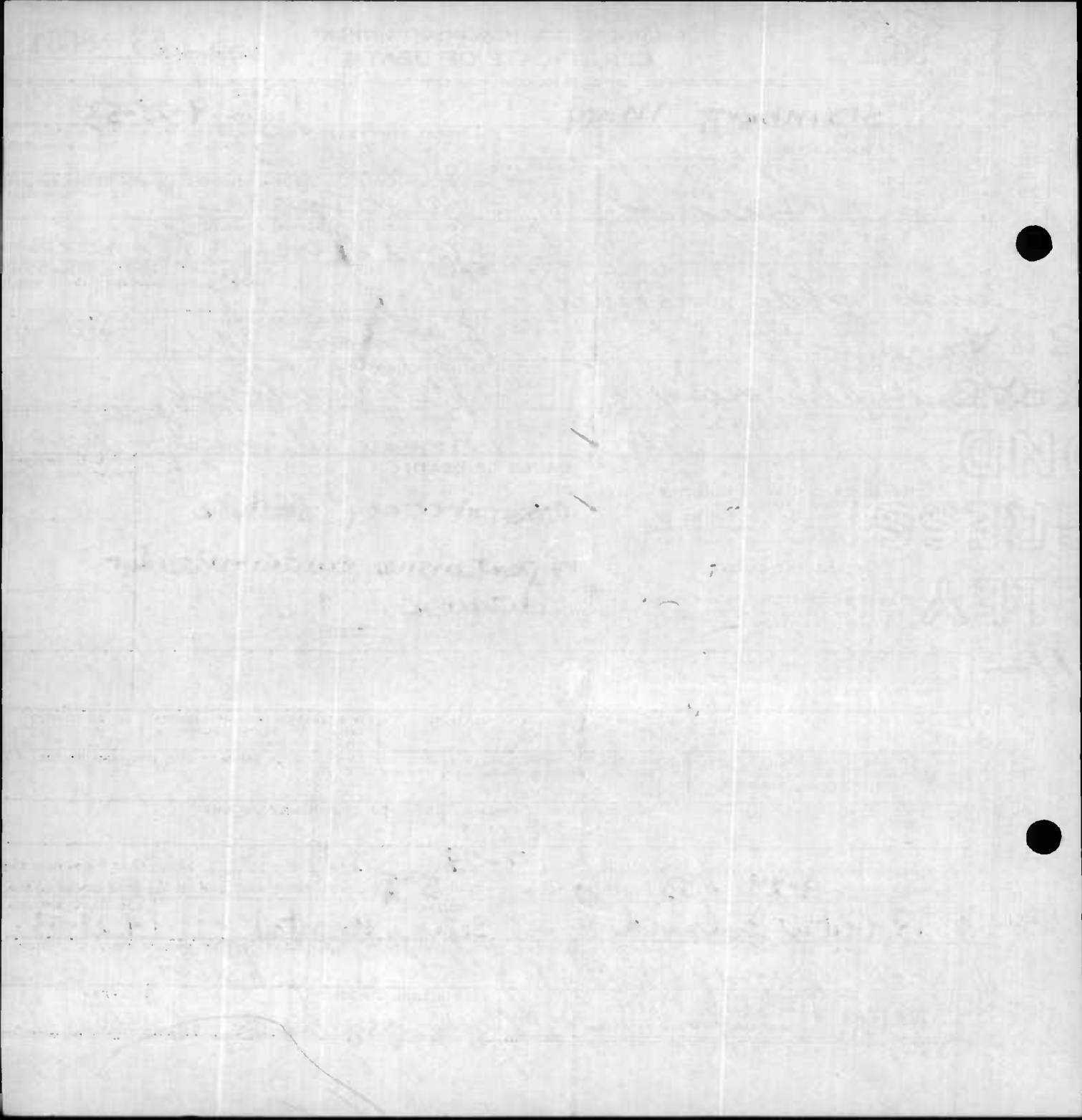
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**SEP 28 1953****Huntington Williams****Jack L. Lewis****2100 Britton Pl**



53 8632				BALTIMORE CITY HEALTH DEPARTMENT				Registered No. 53 8632			
BIRTH NO.								CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) <i>Charlotte E. Tauber</i>						2. DATE OF DEATH <i>Sept. 25, 1953</i>					
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Acc Room</i>						4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <i>Ind.</i> B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7-01</i>					
C. Length of stay in Baltimore <i>Life</i>						D. STREET ADDRESS (If rural, give location) <i>3001 Inc Elderberry St.</i>					
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>June 17, 1926</i>		9. AGE (In years, last birthday) <i>27</i>		10. Under 1 Year Months: <i>3</i> Days: <i>8</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unemployed</i>				10B. KIND OF BUSINESS OR INDUSTRY <i>Clothing Mfg.</i>				11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>			
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>				13. FATHER'S NAME <i>Frank Tauber</i>				14. MOTHER'S MAIDEN NAME <i>Lena Borneman</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>				16. SOCIAL SECURITY NO. <i>212-22-6703</i>				17. INFORMANT'S NAME AND ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>			
18. CAUSE OF DEATH										INTERVAL BETWEEN ONSET AND DEATH	
A. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>PULMONARY EDEMA</i>										<i>1 hr</i>	
B. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>PROBABLE RHEUMATIC HEART DISEASE</i>											
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
19A. DATE OF OPERATION <i>0</i>				19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?				21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21F. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <i>9/25</i> , 19 <i>53</i> , to <i>9/25</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>9/25</i> , 19 <i>53</i> , and that death occurred at <i>3:55 P.</i> m., from the causes and on the date stated above.							
23A. SIGNATURE <i>G. H. Owens, Jr.</i>				23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>				23C. DATE SIGNED <i>9-25-53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>				24B. DATE <i>Sept 27, 1953</i>				24C. NAME OF CEMETERY OR CREMATORY <i>Bellevue Rd, Balto Md.</i>			
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>				24E. FUNERAL DIRECTOR <i>Miller Inc.</i>				24F. ADDRESS <i>3019 E. Monument St.</i>			
25. DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 28 1953</i>				25. REGISTRAR'S SIGNATURE <i>Thurman</i>				25. REGISTRAR'S ADDRESS			
VS 150 <i>Released to hospital 6904G</i>											

NOT A MEDICAL EXAMINER'S CASE

*R. F. Fisher*

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 8633

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)*NANCY BURL BROOKS*2. DATE  
OF  
DEATH*9-25-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

*Maryland*

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

*Provident Hospital*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Baltimore 16-08*

D. STREET ADDRESS (If rural, give location)

*1426 Riggs Ave.*

c. Length of stay in Baltimore

*28 yrs.*Yrs.  
Mos.  
Days

5. SEX

*Female*

6. COLOR OR RACE

*Colored*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)*married*

8. DATE OF BIRTH

*Aug. 21, 1908*

9. AGE (In years last birthday)

*45*

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Home wife*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Richmond, Ct. Va.*

12. CITIZEN OF WHAT COUNTRY?

*USA*

13. FATHER'S NAME

*?*

14. MOTHER'S MAIDEN NAME

*?*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

*no*

16. SOCIAL SECURITY NO.

*-*

17. INFORMANT

ADDRESS

*Clarence Brooks**1426 Riggs Ave.*18. *331X*

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Cerebro-Vascular Accident*

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertension, Essential*

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept. 25, 1953*, to *Sept 25, 1953*, that I last saw the deceased alive on *Sept. 25, 1953*, and that death occurred at *10:45 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

*George R. Leyno*

M. D.

23B. ADDRESS

*Provident Hospital*

23C. DATE SIGNED

*9-26-53*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

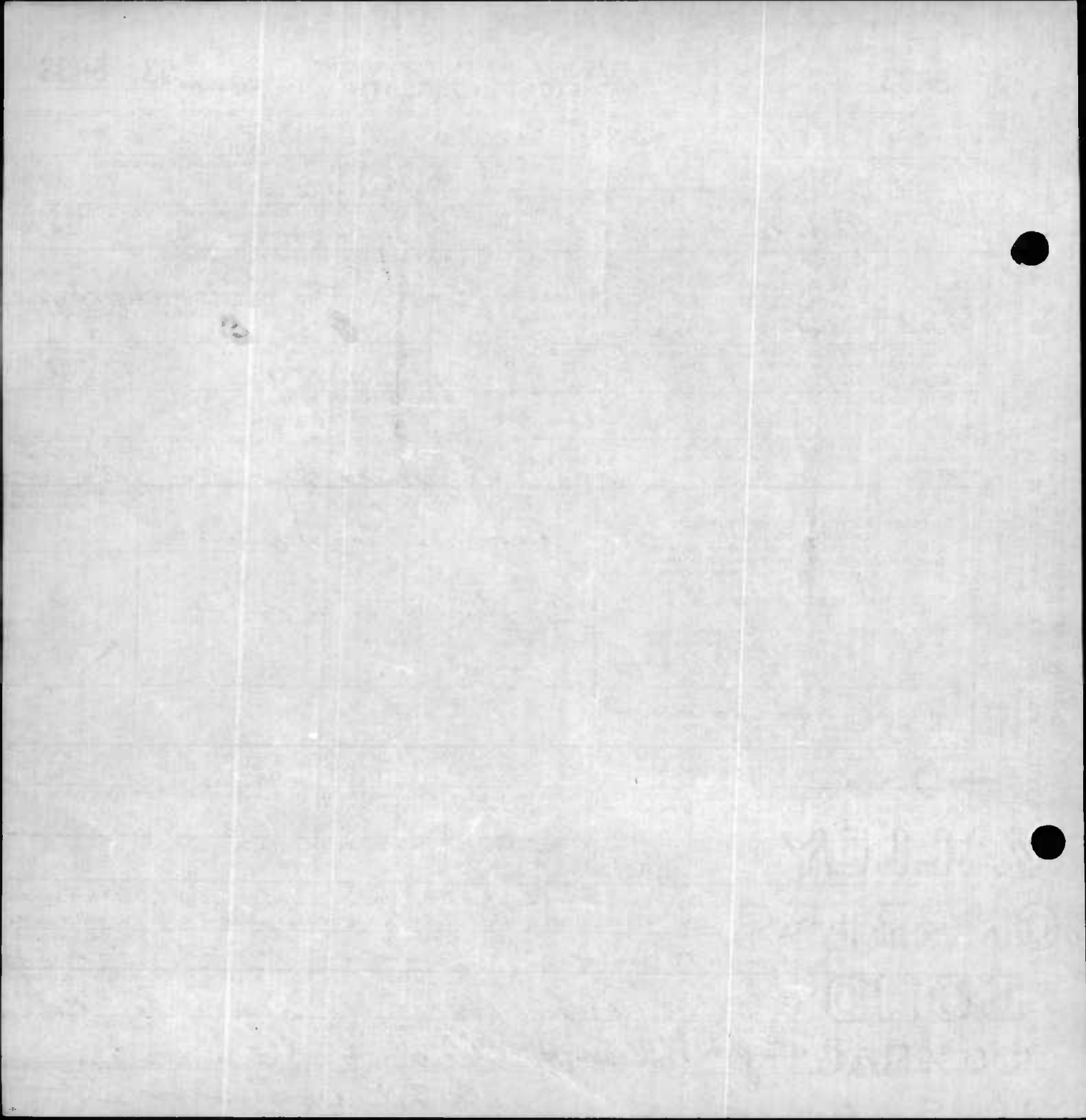
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

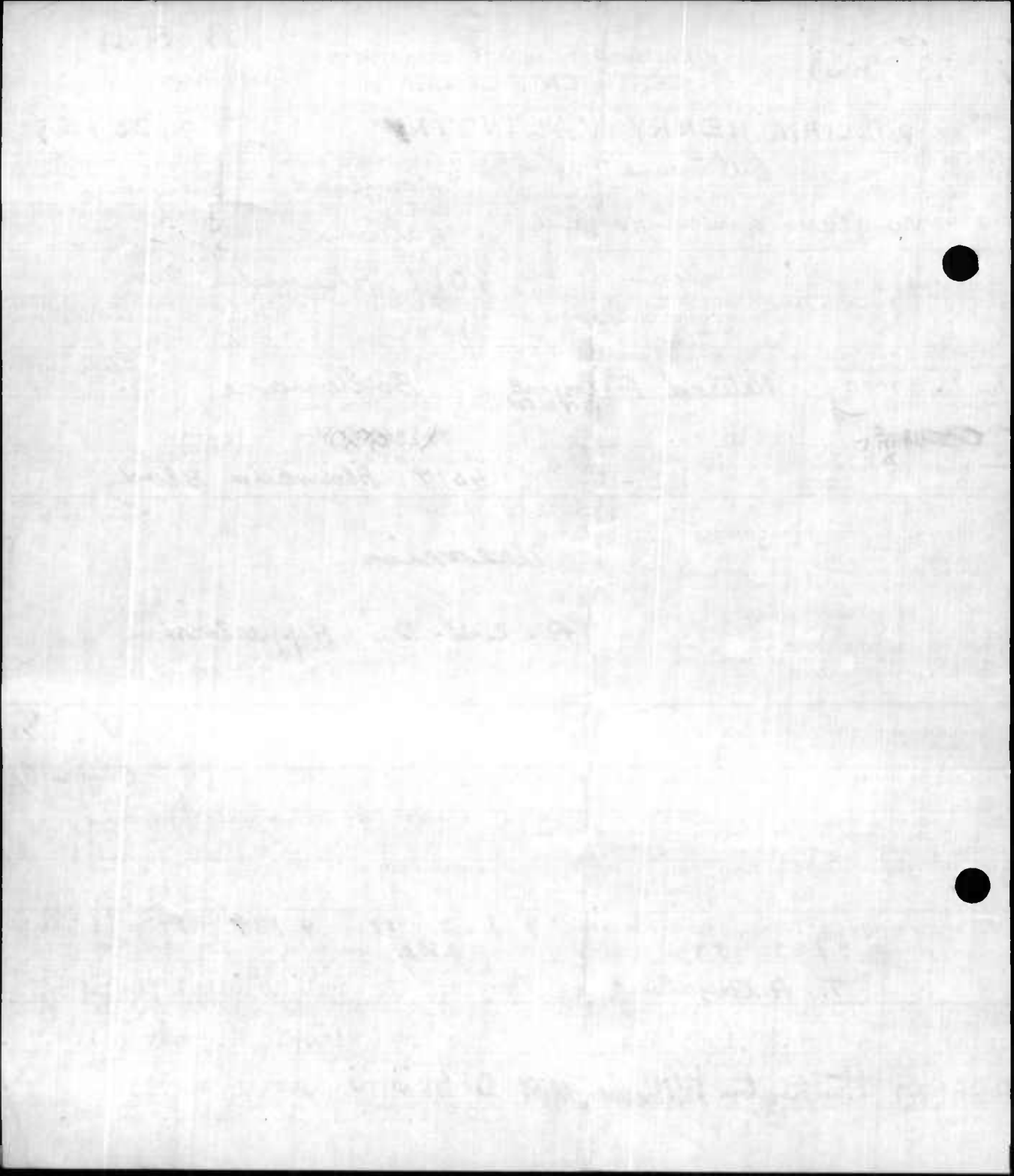
*Burial**9/29/53**Arbutus**Arbutus Md**SEP 28 1953**Huntington Williams, M.D.**Geo. H. Kelson*







BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 8634		Registered No.	
NAME OF DECEASED (Please Print) <b>WILLIAM HENRY VALENTIN</b>				2. DATE OF DEATH <b>9/25/53</b>			
PLACE OF DEATH: <b>Baltimore City, Maryland</b>				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>			
FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Maryland General Hospital</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		<b>9-02</b>	
Length of stay in Baltimore <b>Life</b>				D. STREET ADDRESS (If rural, give location) <b>4017 Alameda Blvd</b>			
SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>---</b>		8. DATE OF BIRTH <b>1885</b>	9. AGE (In years last birthday) <b>67</b>	If Under 1 Year Months: Days: Min. <b>Feb 22</b>	
10. USUAL OCCUPATION (Give kind of one during most of working life, even if retired) <b>John A. Moran</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Funeral Director</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
FATHER'S NAME <b>Frederick. Valentin</b>				14. MOTHER'S MAIDEN NAME <b>Frida Ricke Valentin</b>			
WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>216-10-2691</b>		17. INFORMANT <b>Mrs. Charles Hammer</b> <b>4017 Alameda Blvd</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>443X 1</b> <b>Uremia</b>				CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>A. C. V. D. Hypertension</b>							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>9/22, 1953</b> to <b>9/24, 1953</b> that I last saw the deceased alive on <b>9/25, 1953</b> and that death occurred at <b>0.30 a.m.</b> , from the causes and on the date stated above.							
23A. SIGNATURE <b>T. A. Taya...</b>		23B. ADDRESS <b>Balto. Md.</b>		23C. DATE SIGNED <b>Sept. 25/53</b>			
24B. DATE <b>Sept. 28, 1953</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Glen Haven Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Ritchie Highway Balto. Md.</b>			
25. FUNERAL DIRECTOR ADDRESS <b>SCHEINBERG FUNERAL SERVICE</b>		25. FUNERAL DIRECTOR ADDRESS <b>1126 W. Cross St. Balto. 30 Md.</b>					



7-525

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 8635

TH NO. 53 8635

NAME OF DECEASED  
(Last name or Print)

LOTTA DUNNIGAN

2. DATE  
OF  
DEATH

SEPT. 27, 1953

PLACE OF DEATH:

Baltimore City, Maryland

yes

FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

12-00

Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

GREENWAY APTS.

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

DEC. 23, 1886

9. AGE (In years  
last birthday)

66

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

TYPE Clerk

10b. KIND OF BUSINESS OR  
INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

FATHER'S NAME

JAMES W. WOOLFORD

14. MOTHER'S MAIDEN NAME

ISABELLE WINCHESTER

WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.  
220-24-9555

17. INFORMANT

ELEANOR WINCHESTER (cousin) ADDRESS 1101 E. THORPE RD.  
5631 ASHDAWNE RD.

18. 153X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Adenocarcinoma of the descending colon  
DUE TO metastases to liver and  
peri-portul + biliary lymph nodes

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO .....  
(C) .....II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT. 19, 1953, to SEPT. 27, 1953, that I last saw the deceased alive on SEPT. 27, 1953, and that death occurred at 8:15 AM., from the causes and on the date stated above.

23a. SIGNATURE

Barry J. Phibbert Jr. M. D.

23b. ADDRESS

Elmer Memorial Hospital

23c. DATE SIGNED  
SEPT. 27, 1953A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

Burial

9/30/53

24c. NAME OF CEMETERY OR CREMATORY

Green Mount Cem.

24d. LOCATION (City, town, or county)

Balto., Md.

(State)

TE RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

281953 Huntington Williams, Md.

39073

John J. Rickner & Sons  
Balto 17, Md.

IN THE PROBATE COURT OF THE COUNTY OF DEWITT  
STATE OF NEW YORK

Name of Decedent		Date of Death	
Place of Birth		Place of Death	
Age at Death		Cause of Death	
Sex		Manner of Death	
Marital Status		Occupation	
Education		Religion	
Social Status		Hobbies	
Family History		Medical History	
Previous Illnesses		Previous Injuries	
Previous Operations		Previous Hospitalizations	
Previous Medications		Previous Treatments	
Previous Accidents		Previous Legal Proceedings	
Previous Criminal Record		Previous Civil Proceedings	
Previous Financial Status		Previous Assets	
Previous Liabilities		Previous Debts	
Previous Beneficiaries		Previous Wills	
Previous Testaments		Previous Agreements	
Previous Contracts		Previous Licenses	
Previous Permits		Previous Certificates	
Previous Awards		Previous Honors	
Previous Memberships		Previous Associations	
Previous Organizations		Previous Clubs	
Previous Societies		Previous Groups	
Previous Unions		Previous Guilds	
Previous Fraternities		Previous Orders	
Previous Chapters		Previous Branches	
Previous Divisions		Previous Sections	
Previous Committees		Previous Subcommittees	
Previous Task Forces		Previous Working Groups	
Previous Study Groups		Previous Research Teams	
Previous Advisory Boards		Previous Consultative Groups	
Previous Steering Committees		Previous Implementation Teams	
Previous Project Groups		Previous Task Groups	
Previous Action Groups		Previous Working Parties	
Previous Liaison Groups		Previous Communication Teams	
Previous Outreach Groups		Previous Public Relations Teams	
Previous Media Groups		Previous Press Teams	
Previous Public Affairs Groups		Previous Government Relations Teams	
Previous Legislative Groups		Previous Policy Groups	
Previous Regulatory Groups		Previous Compliance Teams	
Previous Audit Groups		Previous Internal Control Teams	
Previous Risk Management Groups		Previous Safety Teams	
Previous Quality Assurance Groups		Previous Process Improvement Teams	
Previous Innovation Groups		Previous Research and Development Teams	
Previous Development Groups		Previous Production Teams	
Previous Marketing Groups		Previous Sales Teams	
Previous Distribution Groups		Previous Logistics Teams	
Previous Supply Chain Groups		Previous Procurement Teams	
Previous Purchasing Groups		Previous Vendor Management Teams	
Previous Contract Management Groups		Previous Legal Affairs Teams	
Previous Compliance Groups		Previous Ethics Teams	
Previous Governance Groups		Previous Board of Directors	
Previous Executive Committees		Previous Senior Management	
Previous Middle Management		Previous Supervisory Staff	
Previous Non-Union Staff		Previous Union Staff	
Previous Temporary Staff		Previous Contract Staff	
Previous Seasonal Staff		Previous Part-time Staff	
Previous Volunteer Staff		Previous Intern Staff	
Previous Student Staff		Previous Research Staff	
Previous Academic Staff		Previous Faculty Staff	
Previous Instructors		Previous Teaching Staff	
Previous Professors		Previous Distinguished Professors	
Previous Emeriti		Previous Honorary Degrees	
Previous Honorary Members		Previous Lifetime Members	
Previous Life Members		Previous Sustaining Members	
Previous Patron Members		Previous Benefactor Members	
Previous Donor Members		Previous Endowment Members	
Previous Foundation Members		Previous Trust Members	
Previous Estate Members		Previous Testamentary Members	
Previous Will Members		Previous Bequest Members	
Previous Legacy Members		Previous Gift Members	
Previous Donation Members		Previous Contribution Members	
Previous Support Members		Previous Sponsor Members	
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Previous Partnership Members</			

M-620  
53 8636BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8636

Registered No. \_\_\_\_\_

IRTH NO.

NAME OF DECEASED (Type or Print)		DUDLEY MYERS		2. DATE OF DEATH September 26, 53	
PLACE OF DEATH: Baltimore City, Maryland		2519 Eutaw Place The Esplanade		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.	
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)		2519 Eutaw Place		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		2519 Eutaw Place		D. STREET ADDRESS (If rural, give location)	
SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 30, 1888	9. AGE (In years, last birthday) 64	10. Under 1 Year Months: Days
A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Wholesale Men's Clothing		11. BIRTHPLACE (State or foreign country) W. Va.	
FATHER'S NAME Joseph H. Myers		14. MOTHER'S MAIDEN NAME Amelia Rosenour		12. CITIZEN OF WHAT COUNTRY?	
WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 212-09-0019		17. INFORMANT ADDRESS Mrs. Eduh B. Myers-2519 Eutaw Place	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Coronary Occlusion DUE TO (B) Coronary Sclerosis DUE TO (C) General Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH several hours 2 years 5 years	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Had right leg amputated several years ago at thigh due to embolus (circulatory)		(1949)	
19A. DATE OF OPERATION February 1949		19B. MAJOR FINDINGS OF OPERATION occluded vessels (records at Johns Hopkins)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from January, 1953 to September 26, 1953, that I last saw the deceased alive on Sept 26, 1953, and that death occurred at 5 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Erwin E. Mayer		23B. ADDRESS The Esplanade		23C. DATE SIGNED Sept 26, 1953	
A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 9/28/53		24C. NAME OF CEMETERY OR CREMATORY Green Mount Crem.	
24D. LOCATION (City, town, or county) Balto., Md.		25. FUNERAL DIRECTOR J. J. Richner & Sons		ADDRESS Balt. 17, Md.	

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

REPORT

OF THE





D-620  
53 8637BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8637

Registered No.

TH NO.

NAME OF DECEASED  
(In full or by Print)

Lillian Hooper Dorsey.

2. DATE

OF

DEATH 27 Sept 1953

PLACE OF DEATH:

Baltimore City, Maryland ✓

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
RESIDENCE

Union Memorial Hospital

Yrs.

Mos.

Days

Length of stay in Baltimore

SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. USUAL OCCUPATION (Give kind of  
one during most of working life, even if retired)

Housewife

10a. KIND OF BUSINESS OR  
INDUSTRY

at home

FATHER'S NAME

James E. Hooper.

9. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

no or unknown

16. SOCIAL

SECURITY NO.

4. DATE OF BIRTH

Aug. 9, 1865

9. AGE (In years  
last birthday)

88

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA.

14. MOTHER'S MAIDEN NAME

Sarah McWilliams

17. INFORMANT

ADDRESS

Mr. Michael T. H. Dorsey-209 Goodwood Garden

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Myocardial infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Coronary occlusion

DUE TO

(C) Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonia.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐

WORK

NOT WHILE ☐

AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Sept, 1953, to 27 Sept, 1953, that I last saw the  
deceased alive on 27 Sept, 1953, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

9/29/53

24c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24d. LOCATION (City, town, or county)

Balto., Md.

(State)

25. RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

H. J. T. 5111 9th St. N. E. 9/29/53 J. T. T. &amp; Sons

VS 150

Balto., Md.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8638

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WALDEMAR FRANKLIN DIETERICH

2. DATE  
OF  
DEATH

Sept. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

Haven Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4403 Kathland Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 10, 1876

9. AGE (In years  
last birthday)

76

10 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Artist

10B. KIND OF BUSINESS OR  
INDUSTRY

self employed

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Louis P. Dieterich

14. MOTHER'S MAIDEN NAME

-

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Alice Dieterich-4403 Kathland Ave.

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Infarctus of Aorta

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

General Atherosclerosis

10 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1946 to Sept 27, 1953 that I last saw the  
deceased alive on 19 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Thos J. Abbot

23B. ADDRESS

4509 Liberty Hwy Apt 2

23C. DATE SIGNED

9-28-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/29/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

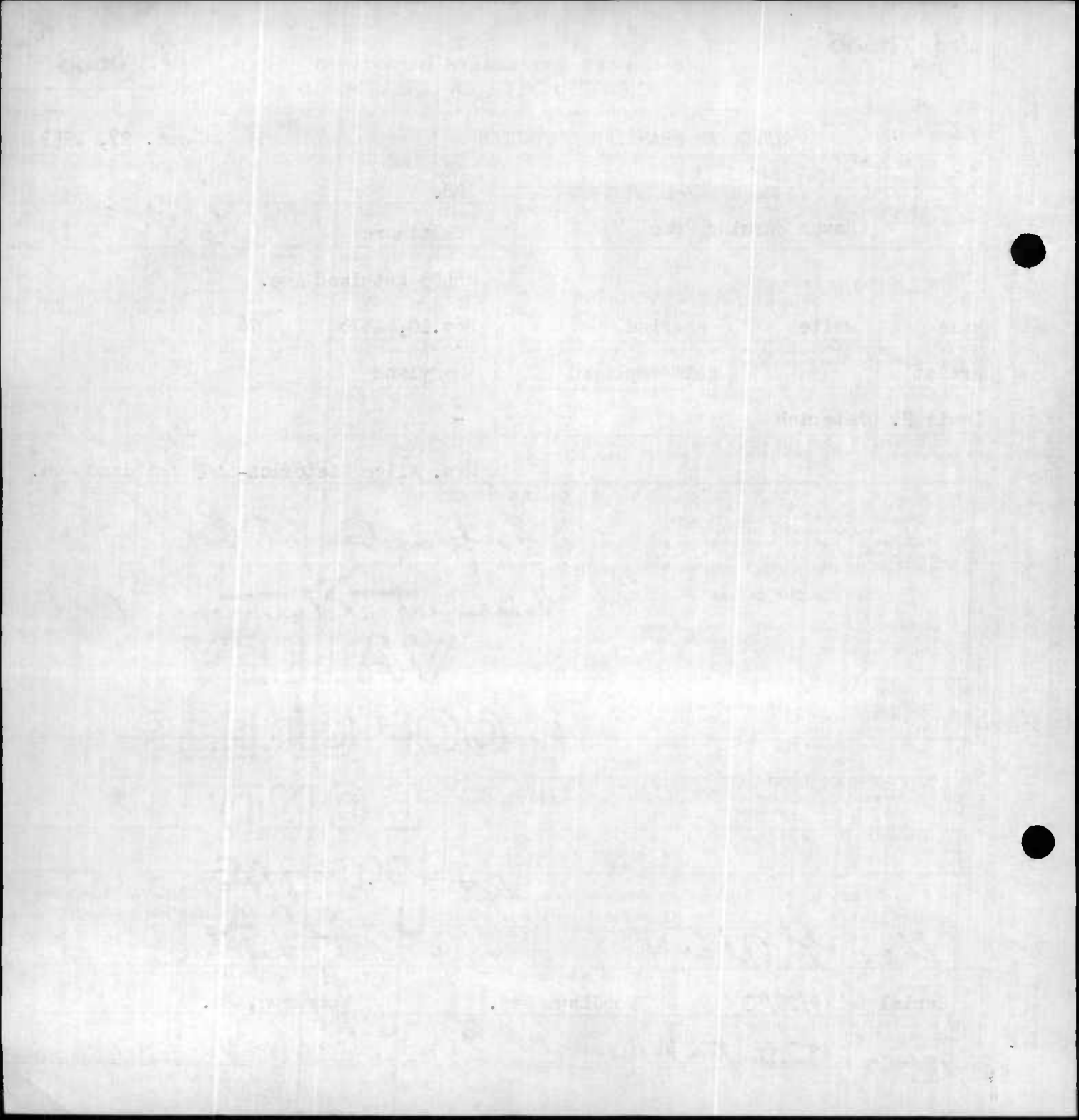
25. FUNERAL DIRECTOR

J. J. Schenker &amp; Sons

ADDRESS

Balto. 17, Md.

SEP 28 1953  
VS 150



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M-620  
53 8639

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8639  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Jacob FRANK lin MORRIS</b>			2. DATE OF DEATH <b>9/24/53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>UNIVERSITY HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 17-01</b>		
c. Length of stay in Baltimore <b>3</b> Yrs.			D. STREET ADDRESS (If rural, give location) <b>512 W. Mulberry 1</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>9/23/1902</b>		9. AGE (In years last birthday) <b>51</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WEAVER</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Virginia</b>
13. FATHER'S NAME <b>Jasper Morris</b>			14. MOTHER'S MAIDEN NAME <b>Nora Patsey Morris</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>Yes 1943-1946</b>			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Hospital Records</b>

18. <b>490X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <b>Pneumonia, lobar middle lobe</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 days</b>
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
		(B) DUE TO		
		(C) DUE TO		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>9/23/53</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9/23/53</b> , 19 <b>53</b> , to <b>9/24/53</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>9/24/53</b> , 19 <b>53</b> , and that death occurred at <b>3:30 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Karl W. Wason</b>		23B. ADDRESS <b>University Hosp</b>		23C. DATE SIGNED <b>9/27/53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24B. DATE <b>9/28/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Charlottesville Va.</b>	
24D. LOCATION (City, town, or county) (State) <b>Charlottesville Va.</b>		24E. FUNERAL DIRECTOR <b>William J. Dickson, Jr.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>9/28/53</b>		REGISTRAR'S SIGNATURE <b>William J. Dickson, Jr.</b>		ADDRESS <b>69099 North &amp; Penne Aves</b>	

Good

PERSONALITY

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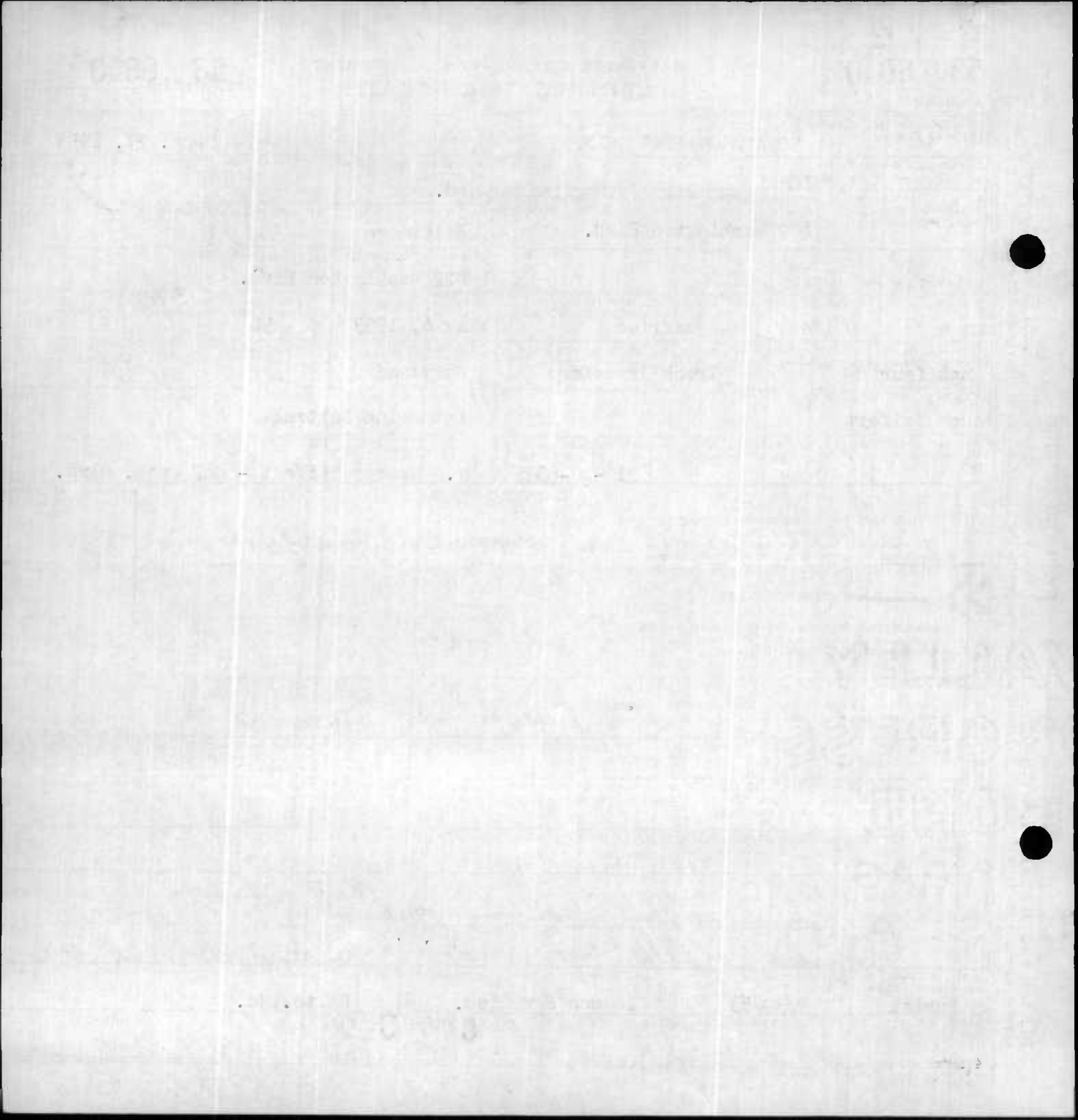
S-163  
53 8640BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8640  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>HOWARD CHARLES SEIFERT</b>		2. DATE OF DEATH <b>Sept. 27, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>882 Washington Blvd.</b>		D. STREET ADDRESS (If rural, give location) <b>822 Washington Blvd.</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 6, 1903</b>	9. AGE (In years last birthday) <b>50</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chauffeur</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Truck Transfer</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>Adam Seifert</b>		14. MOTHER'S MAIDEN NAME <b>Katherine Deitzel</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>216-10-6395</b>		17. INFORMANT ADDRESS <b>Mr. George Seifert - 882 Wash. Blvd.</b>	
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary insufficiency</b>		CAUSE OF DEATH (A) <b>Coronary insufficiency</b> DUE TO (B) <b>—</b> DUE TO (C) <b>—</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Pulmonary embolus</b>				<b>4 days</b>	
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9/1</b> , 19 <b>48</b> , to <b>9/27/53</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>9/27</b> , 19 <b>53</b> and that death occurred at <b>7:00 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>William W. Williams M.D.</b>		23B. ADDRESS <b>1001 W. 11th St. S.E. Wash. D.C.</b>		23C. DATE SIGNED <b>9/28/53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/30/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE <b>Wm. J. Tichener &amp; Sons</b>	
24G. FUNERAL DIRECTOR <b>Wm. J. Tichener &amp; Sons</b>		24H. ADDRESS <b>Balto. 17, Md.</b>		24I. DATE RECEIVED BY LOCAL REGISTRAR	

SEP 28 1953

683 52

Balto. 17, Md.



B-600  
53 8641BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8641  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>George A. Bauer</i>			2. DATE OF DEATH <i>9/27/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <i>Baltimore 27-12</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>415 Hollen Rd.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>11/15/79</i>	9. AGE (In years last birthday) <i>73</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Pottery</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>George K. Bauer</i>			14. MOTHER'S MAIDEN NAME <i>Margaret Giltz</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>220-07-2881</i>	17. INFORMANT ADDRESS <i>Mrs. Frank W. Armiger-106 Cedarcroft Rd.</i>		

18. <i>451X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) ANTECEDENT CAUSES		<i>Retroperitoneal Hemorrhage</i>		<i>36 hours</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Ruptured Abdominal Aortic Aneurysm</i>		<i>36 hrs.</i>
		(C) <i>Arteriosclerosis</i>		

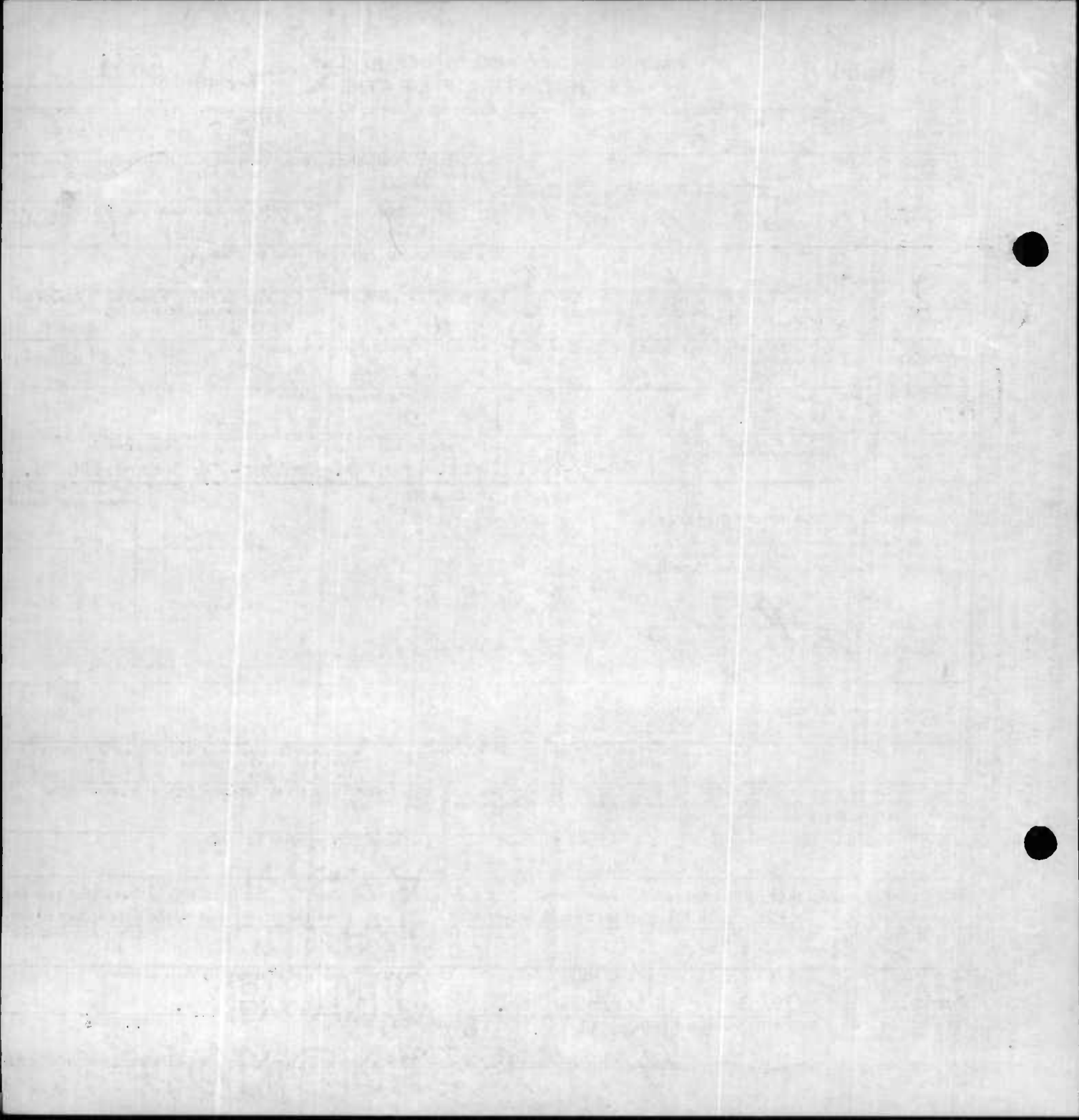
II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>9/20</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9/20</i> , 1953 to <i>9/27</i> , 1953 that I last saw the deceased alive on <i>9/27</i> , 1953, and that death occurred at <i>5 P. m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Herbert S. Bell</i>		23B. ADDRESS <i>University Hospital</i>	23C. DATE SIGNED <i>9/27/53</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>9/30/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Woodlawn Cem.</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Wm. J. Tuckney</i>	25. FUNERAL DIRECTOR ADDRESS <i>Balto 17. Md.</i>	

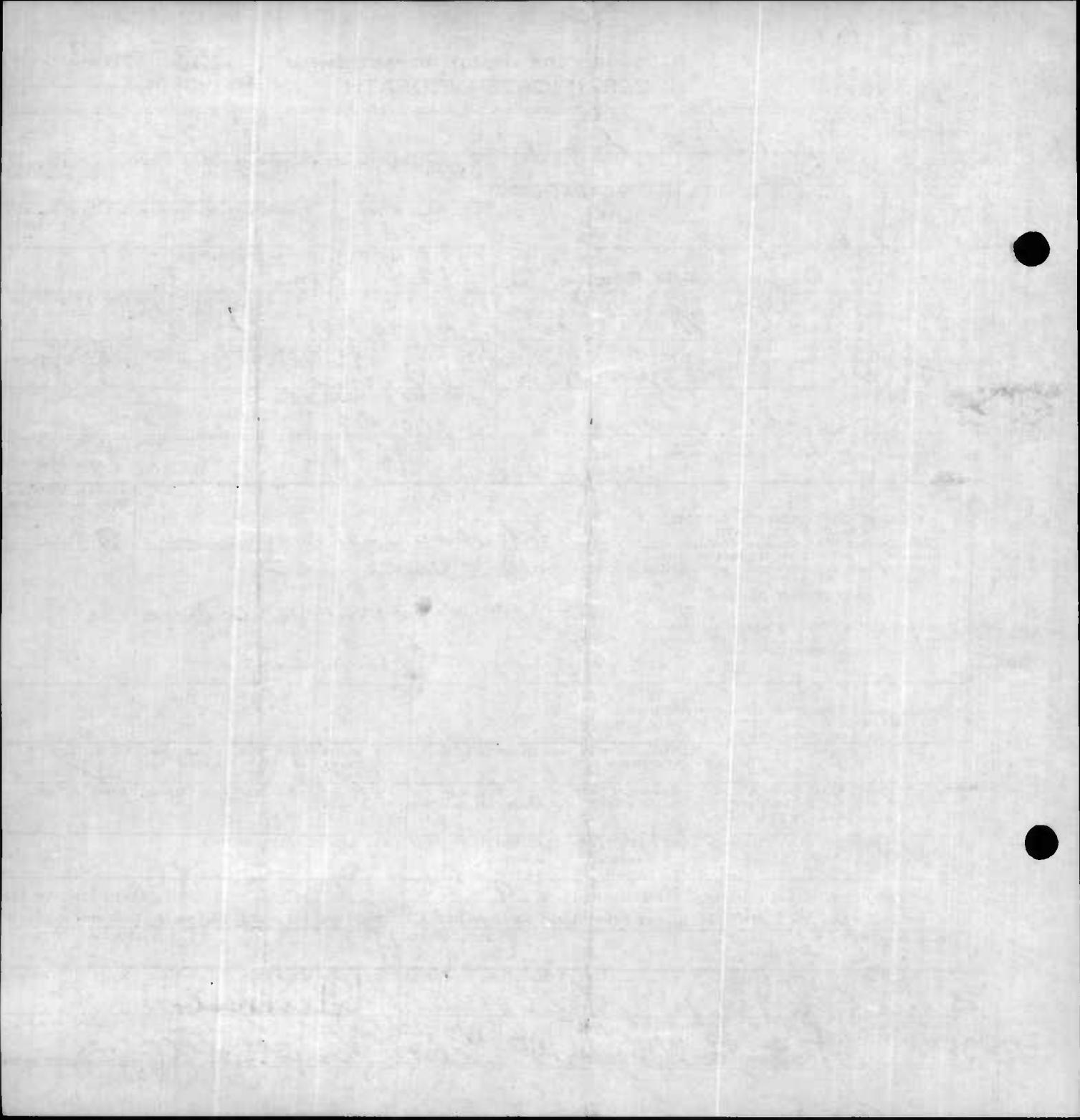
SEP 28 1953

49038



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8642  
Registered No.L-200  
53 8642  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Willie Lewis</b>			2. DATE OF DEATH <b>9-26-53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>U. H.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto</b>		
C. Length of stay in Baltimore <b>24 years</b>			D. STREET ADDRESS (If rural, give location) <b>6324 Smith Ct. 5300</b>		
5. SEX <b>M</b>	6. COLOR OF SKIN <b>Colored</b>	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 30, 1901</b>	9. AGE (In years, last birthday) <b>52</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Porter (School)</b>	11. BIRTHPLACE (State or foreign country) <b>Blackstone Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Joseph Lewis</b>			14. MOTHER'S MAIDEN NAME <b>Martha</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>217-01-7860</b>	17. INFORMANT <b>Wife</b> ADDRESS <b>Same as above</b>		
18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphemia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive Cardiovascular heart disease with</b>			CAUSE OF DEATH (A) <b>Hypertensive Cardiovascular heart disease with</b> DUE TO (B) <b>Interventricular hemorrhage</b> DUE TO (C)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>9-26-53</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-26, 1953</b> to <b>9-26, 1953</b> , that I last saw the deceased alive on <b>9-26, 1953</b> , and that death occurred at <b>12:05 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>L. Gonzales</b>		23B. ADDRESS <b>M. D.</b>		23C. DATE SIGNED <b>9-26-53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Sept. 29, 1953</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Spring Hill</b>	
24D. LOCATION (City, town, or county) (State) <b>Blackstone Va</b>		24E. FUNERAL DIRECTOR <b>Frankland Funeral Home</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 28 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>			





P-236  
53 8643BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8643  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Harry Poster

2. DATE  
OF  
DEATH

Sept 28-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

142 N. Hilton St

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

C. before admission)

142 N. Hilton St Baltimore, Md

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

142 N. Hilton St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md

D. STREET ADDRESS (If rural, give location)

142 N. Hilton St

c. Length of stay in Baltimore

50 yrs

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1878

9. AGE (In years

last birthday)

75 yrs

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

merchant

10B. KIND OF BUSINESS OR INDUSTRY

Confectionery

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF

WHAT COUNTRY?

USA

13. FATHER'S NAME

Louis Poster

14. MOTHER'S MAIDEN NAME

Lena ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 142

Dr Benjamin Poster, 142 N. Hilton St

18. 420.1

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Coronary Occlusion

ANTECEDENT CAUSES

(B)

DUE TO

Arterio Sclerosis

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 27, 1953, to Sept 28, 1953 that I last saw the deceased alive on Sept 27, 1953, and that death occurred at 11 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Kadu

23B. ADDRESS

2306 Eutaw Pl Baltimore, Md

23C. DATE SIGNED

Sept 28-1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Sept 29/53

24C. NAME OF CEMETERY OR CREMATORY

Beth Hamedbrook Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

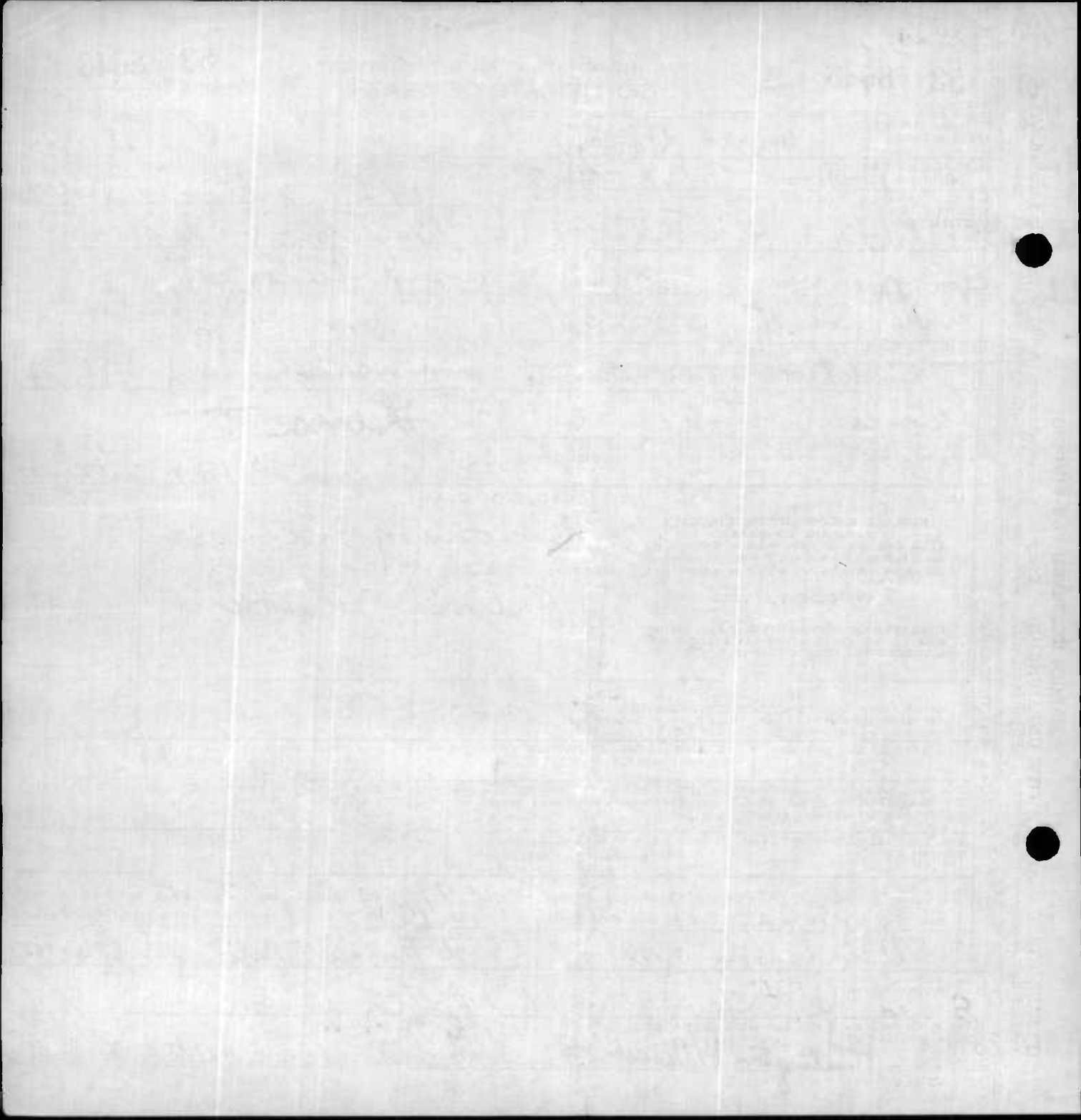
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1126 N. North Ave



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8644

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John BRADY MURPHY

2. DATE  
OF  
DEATH

9-26-53

3. PLACE OF DEATH:  
A. Baltimore City, MarylandB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md. B. COUNTY HowardC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Ellicott City

D. STREET ADDRESS (If rural, give location)

Montgomery Rd.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

Nov. 15, 1917

9. AGE (In years  
last birthday)

35

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

F.B.I. Agent

10B. KIND OF BUSINESS OR  
INDUSTRY

U.S. Govt.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Thomas A. Murphy

14. MOTHER'S MAIDEN NAME

Ella C. Brady

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.  
-----

17. INFORMANT

ADDRESS

Mrs. J. Brady Murphy Montgomery Rd.

18. E981X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

GUNSHOT WOUND OF  
Abdomen with LACERATION  
OF KIDNEY

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Theater

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

311 W. FAYETTE ST

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY9 25 53 7<sup>30</sup> P.M.

21E. INJURY OCCURRED

WHILE AT  
WORK ☒NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Shot while making arrest

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

R. F. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

9-26-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-29-53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

George A. Farley - Catonsville, Md.

VS 151

N 866.2

773 91

1000 30

1000 30



H-600  
3 8645BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8645

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mr. John Hare

2. DATE  
OF  
DEATH

Sept 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Church Home and Hospital

5. Length of stay in Baltimore

63 Yrs.

6. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

City Inspector

10B. KIND OF BUSINESS OR  
INDUSTRY

Baltimore City

9. FATHER'S NAME

Mr. John Hare

5. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

8. DATE OF BIRTH

3/14/1890

9. AGE (In years  
last birthday)

63

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Miss Clara Kearns

17. INFORMANT

Hospital

ADDRESS

1B. 153X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Generalized Peritonitis

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Adenocarcinoma of Colon

3 Months

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Cardiovascular Disease

19A. DATE OF OPERATION

9/21/53

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Sigmoid Colon

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/17/53 to 9/26, 1953 that I last saw the  
deceased alive on 9/26, 1953, and that death occurred at 8:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

W. Reed Carroll M. D.

23B. ADDRESS

Church Home and Hospital

23C. DATE SIGNED

9/26/53

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

Sept. 30, 1953

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

TE RECEIVED BY  
CAL REGISTRAR

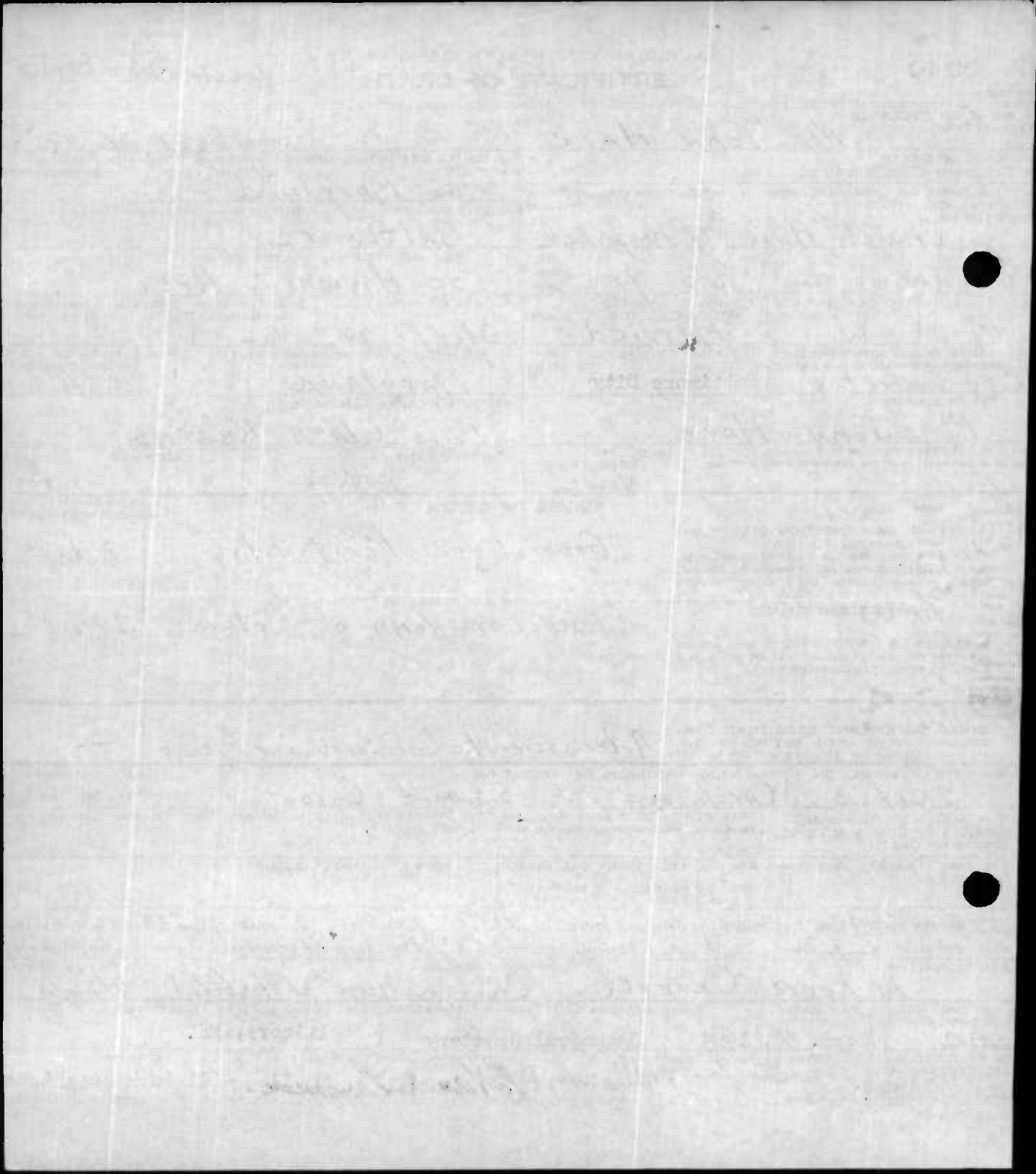
REGISTRAR'S SIGNATURE

Huntington Williams, M.D. &amp; Vernon L. Linneman

25. FUNERAL DIRECTOR

ADDRESS

4611 Park Heights A





W-445		BALTIMORE CITY HEALTH DEPARTMENT		53 8646	
53 8646		CERTIFICATE OF DEATH		Registered No. _____	
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) <u>Daisy D. Wilhelm</u>				2. DATE OF DEATH <u>9/27/63</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>				4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Balto.</u>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union Memorial Hospital</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lutherville</u>	
6. Length of stay in Baltimore <u>?</u> Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <u>Twin Gates 5300</u>	
7. SEX <u>Female</u>	8. COLOR OR RACE <u>W</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	10. DATE OF BIRTH <u>9/4/1884</u>	11. AGE (In years last birthday) <u>69</u>	12. If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			14. BIRTHPLACE (State or foreign country) <u>Baltimore Md</u>		15. CITIZEN OF WHAT COUNTRY? <u>USA</u>
16. FATHER'S NAME <u>George W Harig</u>			17. MOTHER'S MAIDEN NAME <u>Dora Marsden</u>		
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>			19. SOCIAL SECURITY NO. _____		
20. INFORMANT <u>Hospital Record</u>			ADDRESS _____		
18. <u>442X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH	
ANTECEDENT CAUSES				INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(A) <u>uraemia</u> DUE TO <u>1 week</u>	
				(B) <u>Hypertensive Cardiovascular and renal disease</u> DUE TO <u>12 yrs</u>	
				(C) _____ DUE TO _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept 24, 1953</u> , to <u>Sept 27, 1953</u> , that I last saw the deceased alive on <u>Sept 27, 1953</u> , and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Paul van Rith M.D.</u>		23B. ADDRESS <u>U. M. Hospital</u>		23C. DATE SIGNED <u>9/27</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Sept 30/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Druid Ridge</u>	
24D. LOCATION (City, town, or county) <u>Loftesville Md.</u>		24E. NAME OF CEMETERY OR CREMATORY <u>Druid Ridge</u>		24F. LOCATION (City, town, or county) <u>Loftesville Md.</u>	
25A. RECEIVED BY <u>SEP 28 1953</u>		25B. REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25C. FUNERAL DIRECTOR <u>Anthony Fun. Home, 4905 York Rd</u>	

DEPARTMENT OF HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

1942

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R-263

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8647  
Registered No.

BIRTH NO. 8647

1. NAME OF DECEASED (Type or Print) <b>MRS. NAOMI RICHARDS</b>			2. DATE OF DEATH <b>Sept 26<sup>th</sup> 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>1645 N. Patterson Park Ave</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md.</b> B. COUNTY <b>Baltimore #13</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>MERCY HOSPITAL</b>			6. STREET ADDRESS (If rural, give location) <b>1645 N. Patterson Park Ave</b>		
7. Length of stay in Baltimore <b>58</b>			8. DATE OF BIRTH		
9. SEX <b>F</b>			10. COLOR OR RACE <b>W</b>		
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>			12. AGE (In years last birthday) <b>58</b>		
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Saleslady</b>			14. KIND OF BUSINESS OR INDUSTRY <b>Hutzler Bros.</b>		
15. FATHER'S NAME <b>Leonard Gentry</b>			16. MOTHER'S MAIDEN NAME <b>Mary Margaret McDonald</b>		
17. WAS DECEASED EVER IN U.S. ARMED FORCES (If yes, give war or dates of service)			18. SOCIAL SECURITY NO.		
19. INFORMANT			ADDRESS		

18. 153X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Hypertensive Cardiovascular Disease - 4 years**  
**Acute myelogenous leukemia - 4 days**

19A. DATE OF OPERATION <b>Sept 23, 1953</b>		19B. MAJOR FINDINGS OF OPERATION <b>Carcinoma sigmoid, liver metastases</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 16, 1953**, to **Sept 26, 1953** that I last saw the deceased alive on **Sept 26, 1953**, and that death occurred at **9:50 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Robert A. Moore, Jr.</b>		23B. ADDRESS <b>Mercy Hospital</b>		23C. DATE SIGNED <b>Sept. 26, 1953</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>Sept 30<sup>th</sup> 1953</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>	
24D. LOCATION (City, town, or county) (State) <b>Belair Road</b>		25. FUNERAL DIRECTOR <b>Leo S. Cook</b>		ADDRESS <b>1701-03 N. Patterson Park Ave</b>	
26. RECEIVED BY <b>EP 281</b>		27. REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		28. ADDRESS <b>4906C</b>	

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2-650

8648

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 53 8648

BIRTH NO.

CALOGERO

1. NAME OF DECEASED  
(Type or Print)

(Print) CALOGERO CRIMI

2. DATE  
OF  
DEATH

26 Sept 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

921 N. ROSE ST

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

921 N. ROSE ST

Length of stay in Baltimore

50 YRS

Yrs.  
Mos.  
Days

6. COLOR OR RACE

W

M

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

14 FEB. 1861

9. AGE (In years last birthday)

92

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Presser

10B. KIND OF BUSINESS OR INDUSTRY

Isaac Hamburger

11. BIRTHPLACE (State or foreign country)

Sicily

12. CITIZEN OF WHAT COUNTRY?

ITALY

13. FATHER'S NAME

PAUL CRIMI

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MELVIN CRIMI - SON 921 N. ROSE ST

18. 331X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) GENERALIZED ARTERIOSCLEROSIS

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) OLD AGE

DUE TO

(C) CEREBRAL VASCULAR Accident

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

NONE

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

NONE

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

NONE

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

NONE

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

NONE

22. I hereby certify that I attended the deceased from MAY, 1951, to SEPT, 1953, that I last saw the deceased alive on 25 SEPT, 1953, and that death occurred at 7:34 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles P. Denny

M. D.

23B. ADDRESS

2722 E. Monument St

23C. DATE SIGNED

9/25/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 29, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State)

Belair Rd., Baltimore, Md.

25. RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

ADDRESS

2601-3-5 E. Madison St.

8008 82

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E 356

53 8649

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8649

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ettner, Margaret

2. DATE

OF DEATH September 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

St. Joseph's Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

D. SEX

Female

E. COLOR OR RACE

White

F. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Single

G. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

H. KIND OF BUSINESS OR INDUSTRY  
Own home

I. FATHER'S NAME

Conrad Ettner

J. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  
(us, no or unknown)

K. SOCIAL SECURITY NO.

L. DATE OF BIRTH

Mar. 31, 1880

M. AGE (in years last birthday)

73

N. Under 1 Year  
Months DaysO. Under 24 Hours  
Hours Min.

P. BIRTHPLACE (State or foreign country)

Maryland

Q. CITIZEN OF WHAT COUNTRY?

R. MOTHER'S MAIDEN NAME

Barbara Vasold

S. INFORMANT

T. Address Baltimore 6, Md.

John Ettner Box 316 Trump Mill Road

18. 330X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

U. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral vascular accident (Probable sub-arachnoid hemorrhage)

## V. ANTECEDENT CAUSES

(B)

DUE TO

(C)

W. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

X. DATE OF OPERATION

Y. MAJOR FINDINGS OF OPERATION

Z. AUTOPSY?

YES ☐ NO ☒

AA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

AB. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

AC. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

AD. TIME (Month) (Day) (Year) (Hour) OF INJURY

AE. INJURY OCCURRED

AF. HOW DID INJURY OCCUR?

AG. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

AH. I hereby certify that I attended the deceased from Sept. 27, 1953 to Sept. 28, 1953, that I last saw the deceased alive on Sept. 28, 1953 and that death occurred at 8:00 a. m., from the causes and on the date stated above.

AI. SIGNATURE

AJ. ADDRESS

AK. DATE SIGNED

AL. BURIAL, CREMATION, REMOVAL (Specify)

AM. DATE

AN. NAME OF CEMETERY OR CREMATORY

AO. LOCATION (City, town, or county)

(State)

AP. RECEIVED BY

AQ. REGISTRAR'S SIGNATURE

AR. FUNERAL DIRECTOR

AS. ADDRESS

AT. SEP 28 1953

AU. Huntington Williams, M.D.

AV. Lily &amp; Zeiler, Inc. 403 S. Wolfe Str.

73

3/31/80

W-425  
3 8650  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8650

1. NAME OF DECEASED  
(Type or Print) *Martha E. Wilkins*

2. DATE OF DEATH *9.25.53*

3. PLACE OF DEATH:  
A. Baltimore City, Maryland *202 Beale Ct*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE *Maryland*  
B. COUNTY *5*

5. FULL NAME OF HOSPITAL OR INSTITUTION *202 Beale Ct*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Baltimore*

7. LENGTH OF STAY IN BALTIMORE *30 yrs*

8. STREET ADDRESS (If rural, give location)  
*202 Beale Court*

9. SEX *Female*

10. COLOR OR RACE *col.*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
*married*

12. DATE OF BIRTH *March 17, 1911*

13. AGE (in years last birthday) *62*

14. Under 1 Year Months: Days

15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)  
*Housewife*

17. KIND OF BUSINESS OR INDUSTRY *Home*

18. BIRTHPLACE (State or foreign country)  
*Baltes. Co. Md*

19. CITIZEN OF WHAT COUNTRY?  
*U.S.A.*

20. FATHER'S NAME  
*Lidge Underwood*

21. MOTHER'S MAIDEN NAME  
*Louise Dorsey*

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  
*no*

23. SOCIAL SECURITY NO.

24. INFORMANT  
*Howard Wilkins*

25. ADDRESS  
*202 Beale Ct*

18. *442X*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
*Cardio Vascular*  
DUE TO  
*Renal Disease?*

ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
(B)  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *9.25.53*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9.25.53*, 19*53*, to *9.25.53*, 19*53*, that I last saw the deceased alive on *9.25.53* and that death occurred at *5:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE  
*W. R. Johnson*

23B. ADDRESS  
*403 Medical Arts Bldg.*

23C. DATE SIGNED  
*9.25.53*

24. BURIAL, CREMATION, REMOVAL (Specify)  
*maled*

24B. DATE  
*9-29-53*

24C. NAME OF CEMETERY OR CREMATORY  
*Arbutus*

24D. LOCATION (City, town, or county) (State)  
*Baltimore Md*

25. RECEIVED BY  
REGISTRAR'S SIGNATURE  
*Huntington E. Williams*

25. FUNERAL DIRECTOR  
*W. Nelson*

25. ADDRESS  
*1200 Beantley Ave*

SEP 28 1953  
VS 150

55-5555

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

100-100000

STATE OF TEXAS



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 8651

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)CRISTOPHER BLANKS.2. DATE  
OF  
DEATH25 Sept 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write R.U.R. and give township)

Baltimore 17

D. STREET ADDRESS (If rural, give location)

1816 Division Street: 17

C. Length of stay in Baltimore

LifeYrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Negro.7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)S

8. DATE OF BIRTH

1/16/919. AGE (in years  
last birthday)62 63

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)JUNK-MAN.10B. KIND OF BUSINESS OR  
INDUSTRYJunk

11. BIRTHPLACE (State or foreign country)

Bethesda12. CITIZEN OF  
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

James Blanks:

14. MOTHER'S MAIDEN NAME

LOUISIANA MILLER15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)Unknown16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Agnes Hassiter 1816 Division Street: Baltimore

18.

581.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Pulmonary Oedema & Emboli

DUE TO

20 mins.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Alcoholic Cirrhosis (& Ascites)

DUE TO

25  
years.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.Coronary Atherosclerosis;  
Enlarged Pituitary:

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/25/53, 19\_\_, to 9/25/53, 19\_\_, that I last saw the  
deceased alive on 9/25/53, 19\_\_, and that death occurred at 3:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Geoffrey C. R. Carey

M. O.

23B. ADDRESS

University Hospital, Baltimore

23C. DATE SIGNED

9/26/53:24. BURIAL, CREMA-  
TION, REMOVAL (Specify)Burial

24B. DATE

9-29-53

24C. NAME OF CEMETERY OR CREMATORY

Arboretum

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

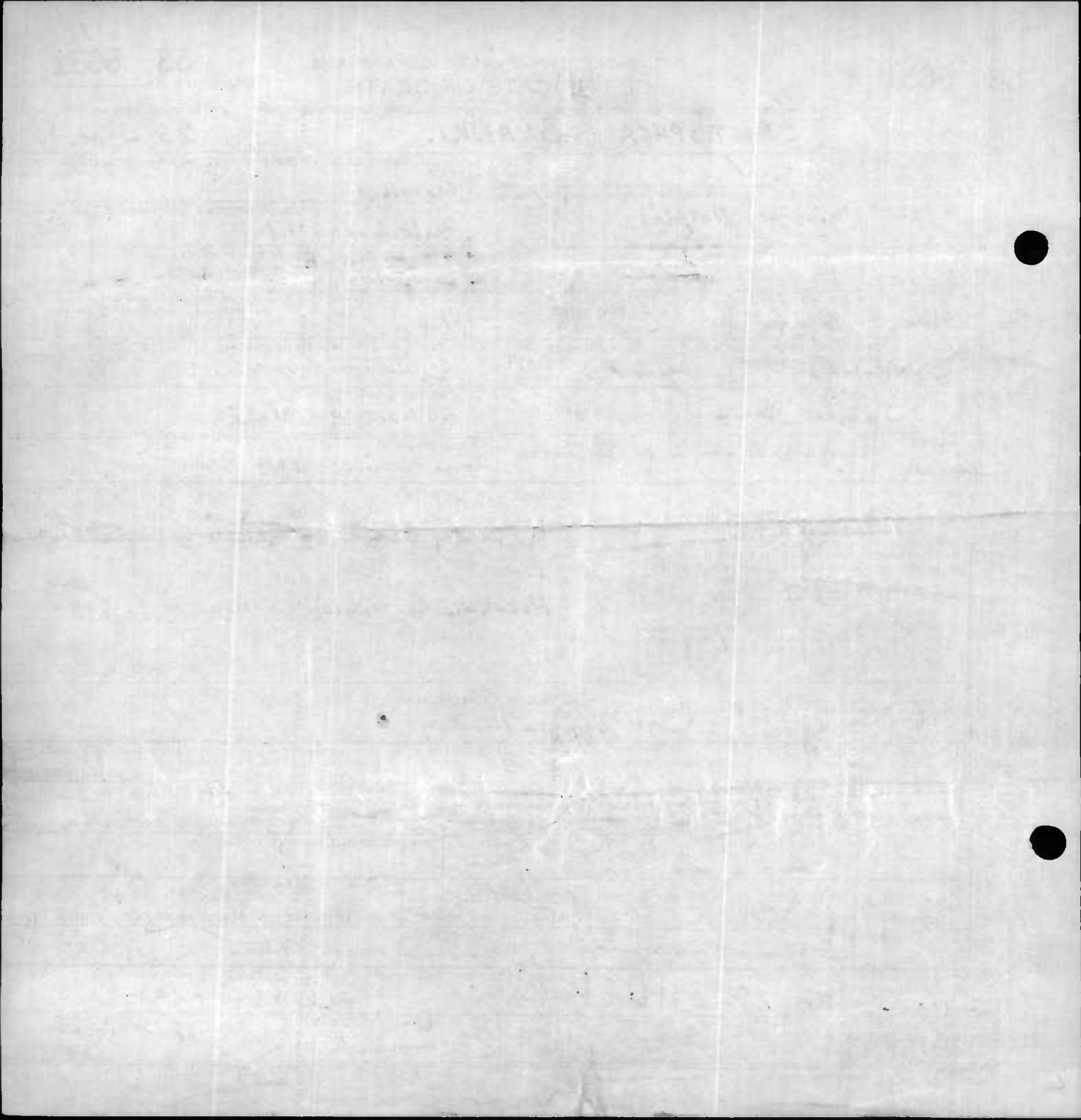
REGISTRAR'S SIGNATURE

Kingston Williams, M.D.

25. FUNERAL DIRECTOR

Elroy O. Wilson 1000 12th St

SEP 28 1953





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8652

TH NO.

NAME OF DECEASED  
(or Print)

PLACE OF DEATH:

FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Length of stay in Baltimore

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)8. USUAL OCCUPATION (Give kind of  
one during most of working life, even if retired)10a. KIND OF BUSINESS OR  
INDUSTRY

FATHER'S NAME

WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary artery disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Coronary artery atherosclerosis

DUE TO

(C) Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Parkinsonism

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 9, 1953 to Sept 25, 1953 that I last saw the  
deceased alive on Sept 25, 1953 and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24. BURIAL, CREMA-  
TION, OR REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town or county)

(State)

TE RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

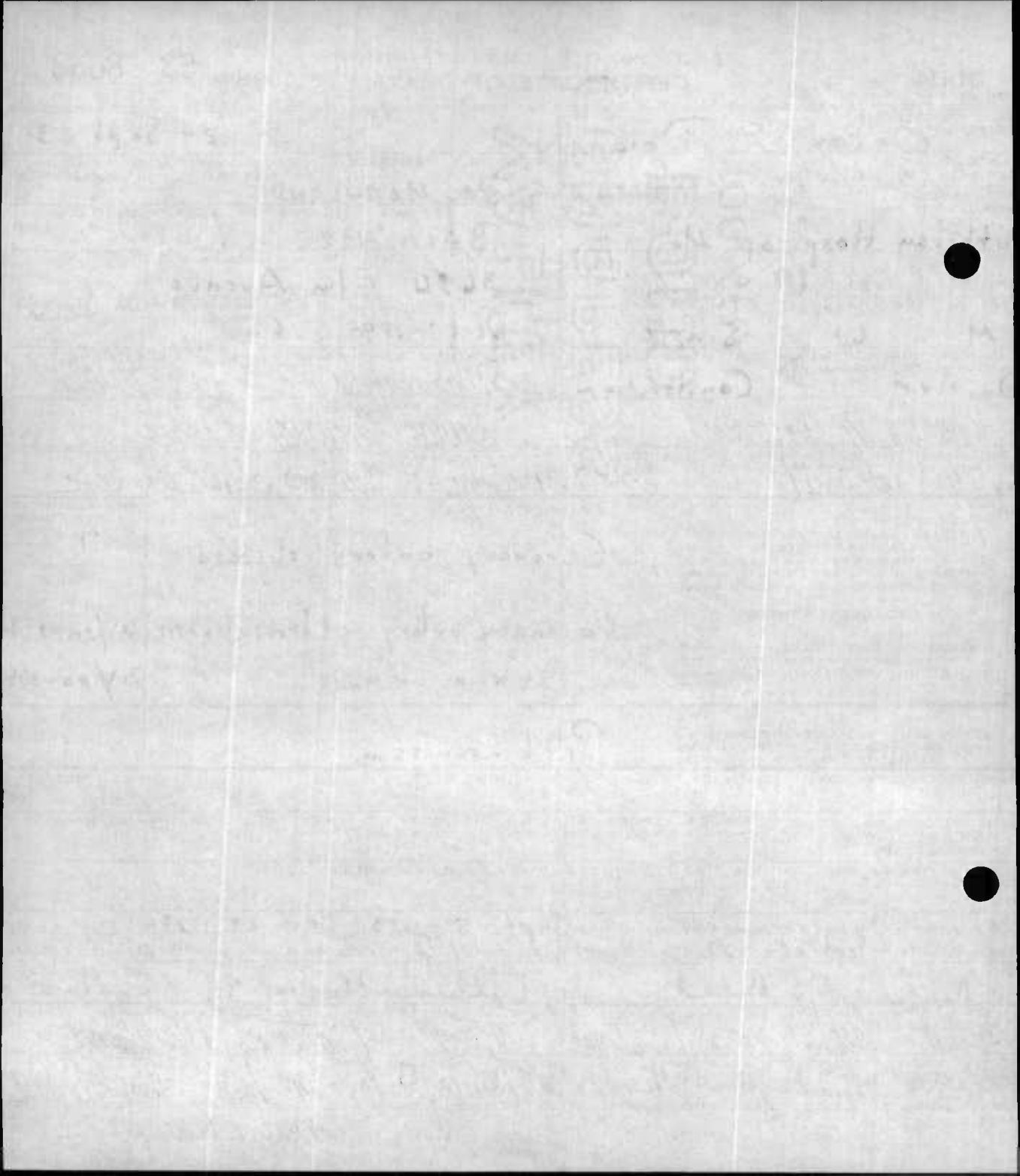
25. FUNERAL DIRECTOR

ADDRESS

VS 150

970 24

Horace F. Burgee



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 8653

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ALIRIO A. MENDES

2. DATE  
OF  
DEATH

September 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1200 E. Baltimore Street

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1200 E. Baltimore Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

Sept. 28, 1893

9. AGE (In years  
last birthday)

59

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Merchant Seaman

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Portugal

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Augusta Mendes

14. MOTHER'S MAIDEN NAME

Laura Albuquerque

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

Unknown

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Harold A. Tighe, 50 Central St. Hudson, Mass

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hypertensive arteriosclerotic

coronary cardiovascular disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. ...

M.D.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Sept. 9, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
burial24B. DATE  
9/28/5324C. NAME OF CEMETERY OR CREMATORY  
St. Paul's Cemetery24D. LOCATION (City, town, or county)  
Baltimore,(State)  
MarylandDATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. ...

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul Street

VS 151 js

67355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

IN SENATE,  
January 14, 1914.

REPORT  
OF THE  
COMMISSIONERS OF THE LAND OFFICE,  
IN RESPONSE TO A RESOLUTION  
PASSED BY THE SENATE,  
MAY 1, 1913.

ALBANY:  
J. B. LEECH, STATE PRINTER,  
1914.



1903

RECEIVED

1903

1903

1903

RECEIVED

1903

1903

RECEIVED

1903

1903

1903



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

53 8655  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Lettie Klein</b>		2. DATE OF DEATH <b>9-27-53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>82 yrs.</b>		D. STREET ADDRESS (If rural, give location) <b>1609 Clarkson St., -30</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid</b>	8. DATE OF BIRTH <b>Dec. 20, 1863</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife,</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>At Home/</b>	9. AGE (In years last birthday) <b>89.</b>
13. FATHER'S NAME <b>Henry Sandler</b>		11. BIRTHPLACE (State or foreign country) <b>Germany</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Alvena Brockline</b>	
17. INFORMANT		ADDRESS <b>B. C. H. Records, 4940 Eastern Ave.,</b>	

18. <b>E 921.7 and E 904.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Aspirational Asphyxia</b> DUE TO <b>Regurgitation of food</b> Section 21A-Underlying, 21B-hospital Section 21C-Balto. City Hosp.-4940 Eastern Ave. Section 21D-9/27/53- 21E-Not while at work Section 21F-Regurgitated food Fracture of hip	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>9/11/53</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <b>Reduction of hip</b>	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <b>Accident</b>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>	21C. WHERE DID (If in Baltimore give exact location) INJURY OCCUR? <b>1609 Clarkson St.</b>	21F. HOW DID INJURY OCCUR? <b>Fell at home</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>9-8-53</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		

22. I hereby certify that I attended the deceased from **Sept. 8**, 19 **53** to **Sept. 27**, 19 **53** that I last saw the deceased alive on **9-27-53**, 19\_\_\_\_, and that death occurred at **3 pm.**, from the causes and on the date stated above.

23A. SIGNATURE <i>H. J. Williams</i>	23B. ADDRESS <b>4940 Eastern Ave.</b>	23C. DATE SIGNED <b>9-28-53</b>
---	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial.</b>	24B. DATE <b>Sept. 30, 1953.</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Cedar Hill</b>	24D. LOCATION (City, town, or county) (State) <b>A. A. Co. Md.</b>
---	-------------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 28 1953</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>H. J. Williams</i>	ADDRESS <b>1400 S. Charles St</b>
--	---	---	--------------------------------------

VS 150

N-933.0

To be approved by Medical Examiner

CERTIFICATION APPROVED BY  
*H. J. Williams*  
CHIEF OF ASSESSMENT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-130  
53 8656

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8656  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Wanda Abbott</b>		2. DATE OF DEATH <b>SEP 28 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Osler - 3</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>BALTO.</b>			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION <b>JOHN HOPKINS HOSPITAL</b> )		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Upper Co. 53-00</b>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>Upper Co</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S.</b>	8. DATE OF BIRTH <b>5-10-36</b>	9. AGE (In years last birthday) <b>17</b>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>student</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Franklin High</b>		11. BIRTHPLACE (State or foreign country) <b>BALTO Co</b>	
13. FATHER'S NAME <b>W Russell Abbott</b>		14. MOTHER'S MAIDEN NAME <b>Helen I Spencer</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT <b>JOHN HOPKINS HOSPITAL</b> ADDRESS <input checked="" type="checkbox"/>	

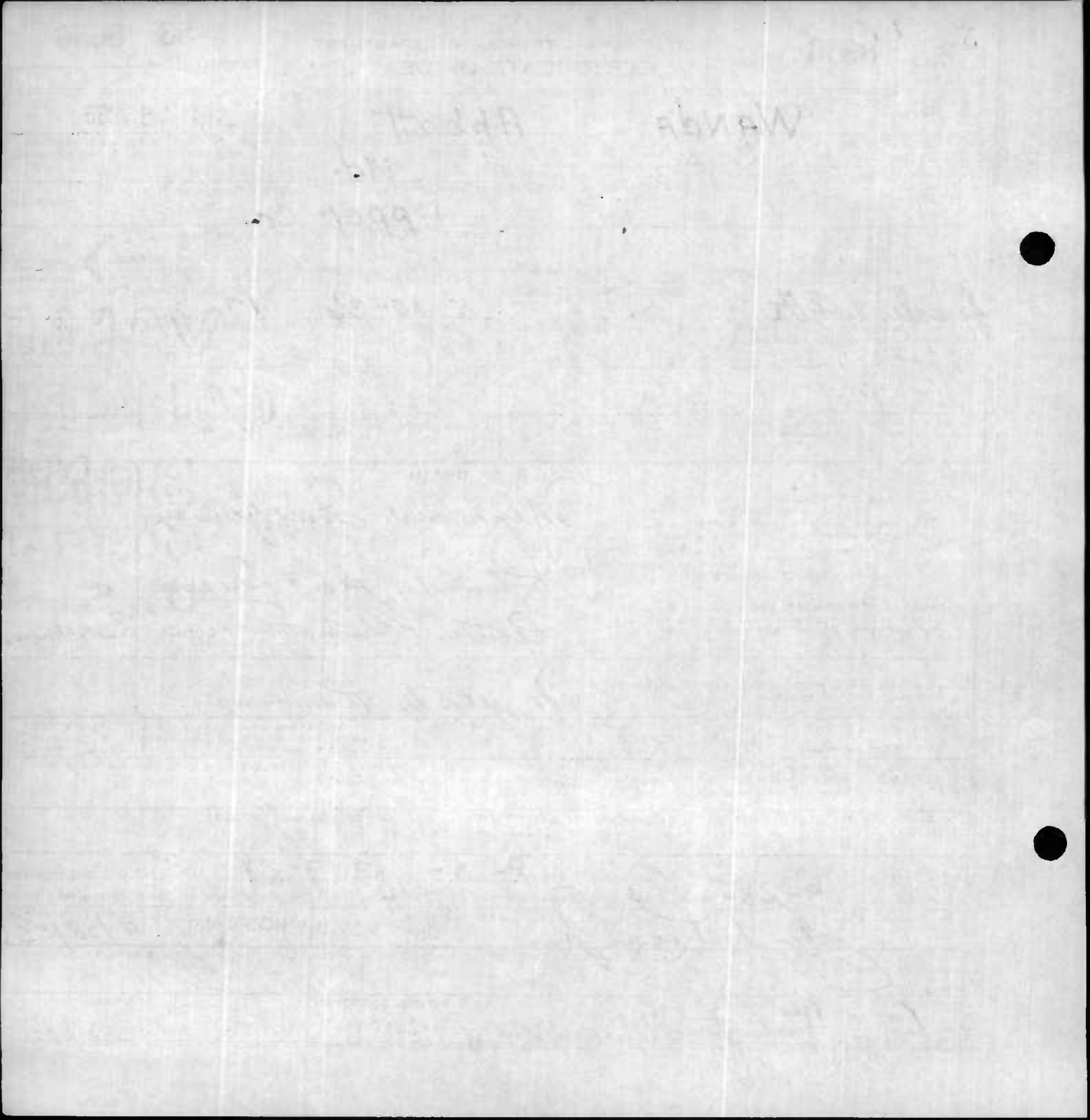
18. <b>401.2</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial Insufficiency</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Rheumatic Heart Disease</b>		<b>? 3 to 4 yrs.</b>
(B) <b>Acute Rheumatic Fever</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Multiple Thromboses</b>		

19A. DATE OF OPERATION <b>NONE</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **8-3-1953** to **9-28-1953** that I last saw the deceased alive on **9-28-1953** and that death occurred at **704 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>John H. Regan M.D.</b>	23B. ADDRESS <b>JOHN HOPKINS HOSPITAL</b>	23C. DATE SIGNED <b>9/28/53</b>
--	---	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct 1, 1953</b>	24C. NAME OF CEMETERY OR CREMATORY <b>ST PAUL</b>	24D. LOCATION (City, town, or county) (State) <b>BALTO Co Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 28 1953</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, Mortuary</b> ADDRESS <b>8 E. W. B. Tipton Hampstead</b>	



C-450

58

8657

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8657

Registered No.

BIRTH NO. 13-23600

1. NAME OF DECEASED  
(Type or Print)

BOY COLLINI

2. DATE  
OF  
DEATH

9/27/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION location)

Mercy Hospital, Baltimore, Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3752 Elmora Ave

c. Length of stay in Baltimore

40 minutes

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Newborn

8. DATE OF BIRTH

9/27/53

9. AGE (In years last birthday)

10. Under 1 Year

11. Under 24 Hours

Months: Days

Hours: Min.

40 min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Pietro Collini Jr.

14. MOTHER'S MAIDEN NAME

Jonna Anna Goscinski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

776x

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity (6 mos)

40 min

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/27, 1953, to 9/27, 1953, that I last saw the deceased alive on 9/27, 1953, and that death occurred at 11:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Clara M. Santamaria

M. O.

23B. ADDRESS

Mercy Hospital, Balto., Md.

23C. DATE SIGNED

9/28/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

9/29/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Philip Herwig, Sons Orleans St.

ADDRESS

2024

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3-655  
8658BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8658

TH NO.

NAME OF DECEASED  
(Please Print)

THOMAS BRANNIN

2. DATE  
OF  
DEATH

9/28/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

MERCY HOSPITAL

Length of stay in Baltimore

87

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

234 LAWRENCE ST (17)

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWER

10. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

RETIRED Driver

10B. KIND OF BUSINESS OR  
Occupation

American Railway Express

FATHER'S NAME

JOHN BRANNIN

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

10/27/66

9. AGE (in years  
last birthday)

86

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

CATHERINE M. CLOSKEY

17. INFORMANT

MRS. HUFNAGEL

ADDRESS

SAME AS ABOVE

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

BRONCHOPNEUMONIA

5 DAYS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

PYELONEPHRITIS

10 DAYS

DUE TO

(C)

BENIGN PROSTATIC HYPERPLASIA

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
m. WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 1953, to 9/28, 1953, that I last saw the  
deceased alive on 9/28, 1953, and that death occurred at 1:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Harry S. Fields

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

9/28/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-1-1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore,

Md.

25. FUNERAL RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Howard Strong 3207 W. North Ave.,

EP 291953

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 8659**

**G. 456**  
**53 8659**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>G. R. Howard Gilmour</b>		2. DATE OF DEATH <b>Sept. 26, 1953</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>none</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>2910 St. Paul St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. LENGTH OF STAY IN BALTIMORE <b>life</b> Yrs. <b>0</b> Mos. <b>0</b> Days <b>0</b>		E. STREET ADDRESS (If rural, give location) <b>2910 St. Paul St.</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>July 4, 1888</b>
9. AGE (In years last birthday) <b>65</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Architect - retired</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Architect - retired</b>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>Wm. Orem Gilmour</b>		14. MOTHER'S MAIDEN NAME <b>Sarah (unknown)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Elizabeth Gilmour Slauson</b>		ADDRESS <b>2910 St. Paul St.</b>	

18. <b>472.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Central Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Arteriosclerotic Atherosclerosis - 34 yrs vascular disease</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <b>0</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>Nov. 1949</b> to <b>September 26, 1953</b> , that I last saw the deceased alive on <b>Sept. 25, 1953</b> , and that death occurred at <b>4:00 P. M.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>Newland Edward Day</b>	23B. ADDRESS <b>4 E. 33rd St.</b>	23C. DATE SIGNED <b>Sept 28, 1953</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>9 - 29 - 53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge</b>
24D. LOCATION (City, town, or county) (State) <b>Pikesville, Maryland</b>		25. FUNERAL DIRECTOR <b>John S. Mitchell &amp; Sons, Inc. 1900 Eutaw Place</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 29 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>
VS 150 <b>0038Y</b>		

2818

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-623

53

8660

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8660

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <b>John Wright</b>			2. DATE OF DEATH <b>SEP 27 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Osler - 2</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>- Md.</b> B. COUNTY			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 10-03</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>			D. STREET ADDRESS (If rural, give location) <b>730 N. GAY ST.</b>			E. LENGTH OF STAY IN BALTIMORE <b>15 yrs.</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>8-23-17</b>		9. AGE (In years last birthday) <b>36</b>	10. UNDER 1 Year Months: Days: Hours: Min.		11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>on bus.</b>			11. BIRTHPLACE (State or foreign country) <b>Florence S.C.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>John Wright Sr.</b>			14. MOTHER'S MAIDEN NAME <b>Minie Gibson</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		
16. SOCIAL SECURITY NO.			17. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b>			ADDRESS		
18. <b>445X</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Uremia</b> DUE TO ANTECEDENT CAUSES <b>Malignant hypertension</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)						INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <b>9-27-53</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>9-13-53</b> to <b>9-27-53</b> that I last saw the deceased alive on <b>9-27-53</b> and that death occurred at <b>1204</b> m., from the causes and on the date stated above.								
23A. SIGNATURE <b>Henry H. Wagner Jr.</b>			23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>			23C. DATE SIGNED <b>9/27/53</b>		
24. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24A. DATE <b>9-30-53</b>		24B. NAME OF CEMETERY OR CREMATORY <b>Catholics</b>		24C. LOCATION (City, town, or county) (State) <b>Baltimore</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 29 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		FUNERAL DIRECTOR <b>Thayer &amp; Wilson</b>		ADDRESS <b>1000 Bunting</b>		

1880

1880

John Wright

Baltimore  
J. M. Gay

Dear Sir

I have the pleasure to inform you that the same has been forwarded to you by express of the 10th inst.

Very respectfully,  
J. M. Gay



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered **53 8661**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**Salinger, Seigfried**2. DATE  
OF  
DEATH**9-28-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write FULL name and give township)

D. STREET ADDRESS (If rural, give location)

**1619 Gwynn Falls Parkway**

c. Length of stay in Baltimore

**16**Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-28**, 19**53** to **9-28**, 19**53**, that I last saw the deceased alive on **9-28**, 19**53** and that death occurred at **7:30** a. m., from the causes and on the date stated above.

23A. SIGNATURE

**Robert W. Ireland**

M. D.

23B. ADDRESS

**Sinai Hospital**

23C. DATE SIGNED

**9-28-53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

**Burial****9-29-53****Chever Chase****Landsborough Md**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**SEP 29 1953****Huntington Williams, 2100 Eutaw St**

1913

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OFFICE OF THE  
COMMISSIONER OF THE  
LAND OFFICE

1913

11

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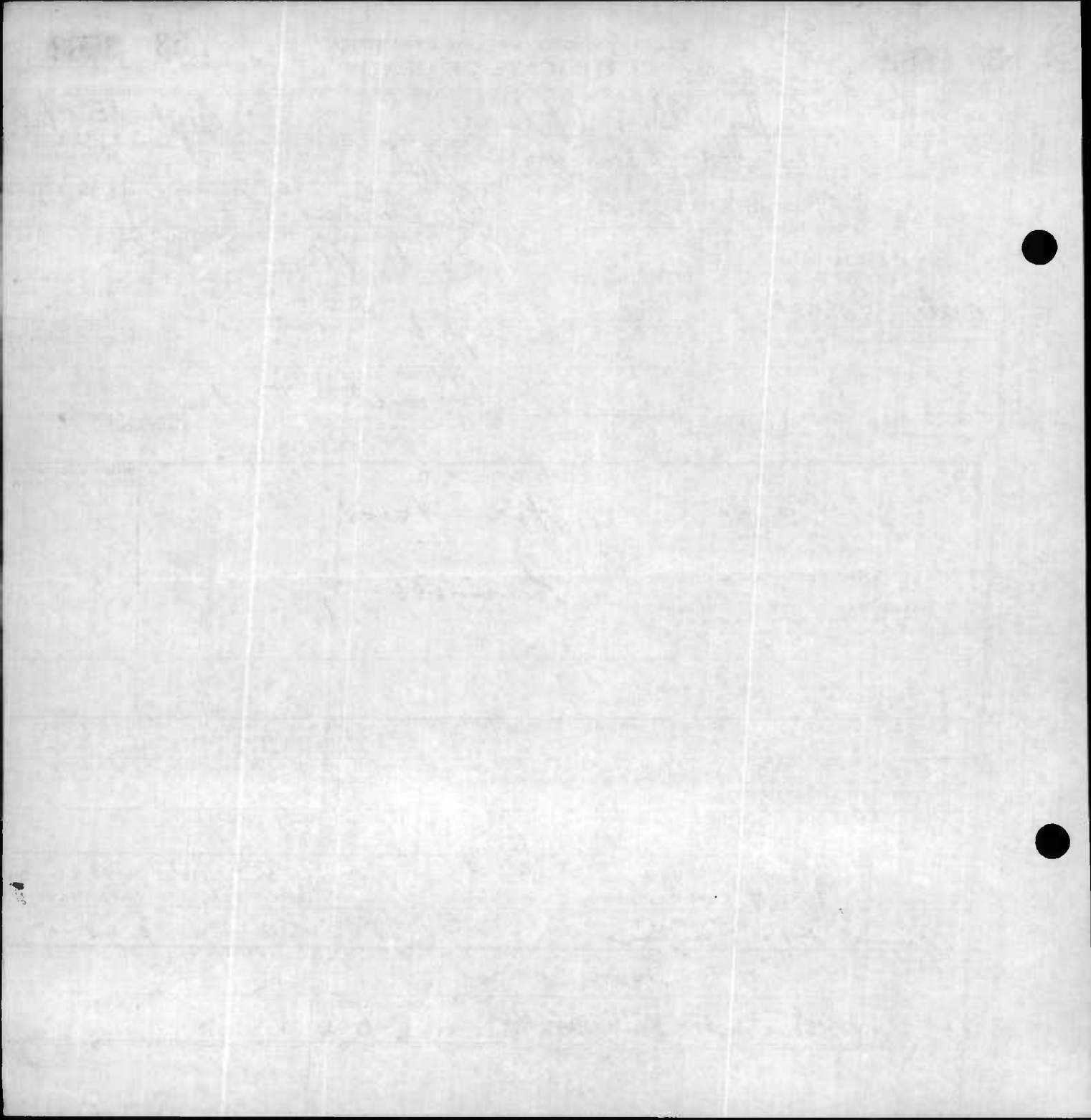
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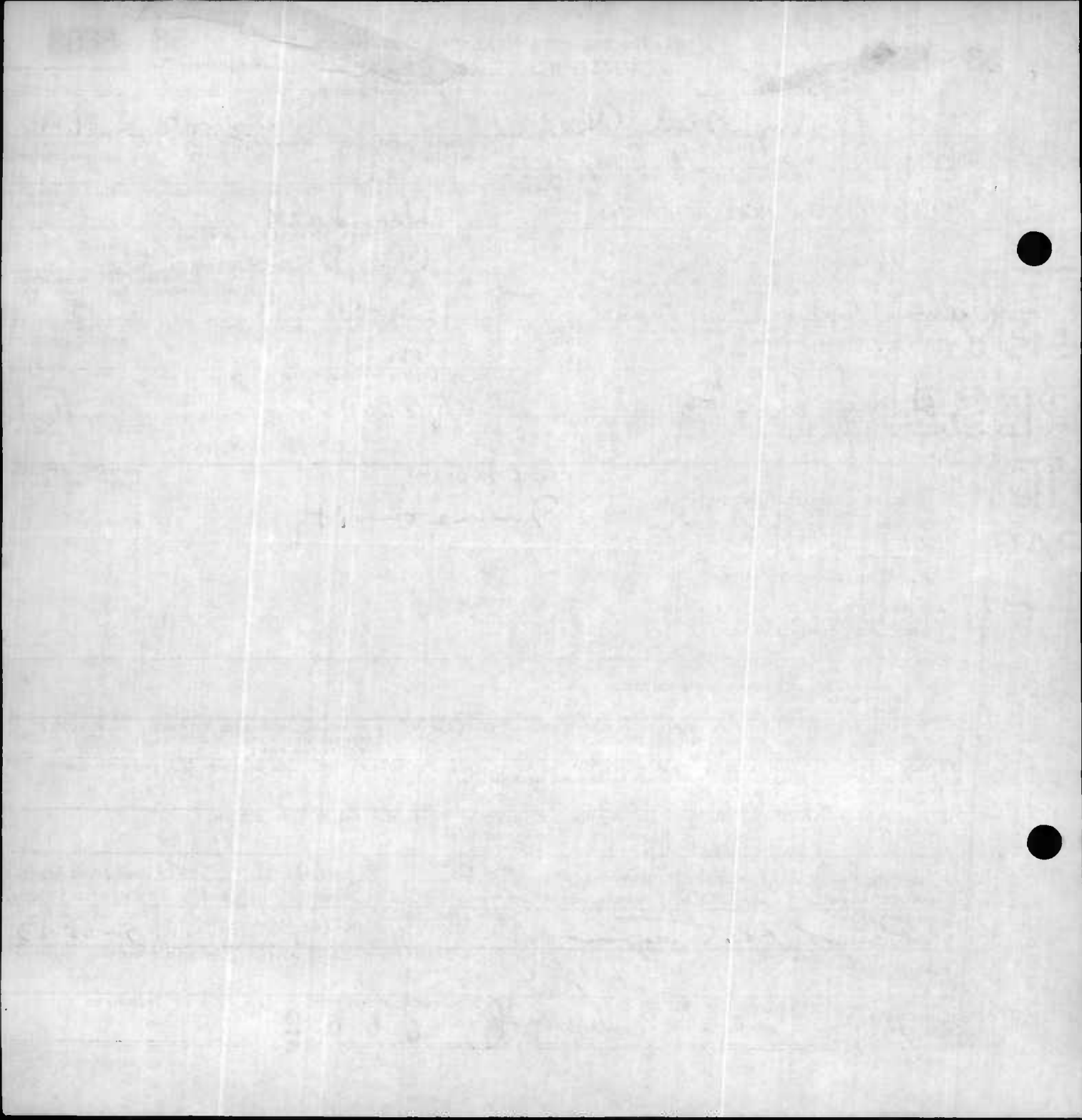
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8662

BIRTH NO. 53-8662-23246		1. NAME OF DECEASED (Type or Print) <i>Baby Boy Pride</i>		2. DATE OF DEATH <i>Sept-24-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Harriet Lane pre-</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>33 JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 19-06</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>267 Mount St.</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>9-23-53</i>	9. AGE (In years last birthday)	If Under 1 Year Months Days If Under 24 hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>MD</i>	
13. FATHER'S NAME <i>?</i>		14. MOTHER'S MAIDEN NAME <i>Harriet Pride</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>767.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>A. Scleroderma</i> DUE TO		ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Prematurity</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9-23</i> , 1953, to <i>9-24</i> , 1953, that I last saw the deceased alive on <i>9-24</i> , 1953, and that death occurred at <i>10</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Paul M. Taylor</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i> M. D.		23C. DATE SIGNED <i>9-25-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>Forest Burial</i>	
24D. LOCATION (City, town, or county)		25. FUNERAL DIRECTOR ADDRESS <i>118661</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 29 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			



BALTIMORE CITY HEALTH DEPARTMENT				53 8663	
CERTIFICATE OF DEATH				Registered No.	
BIRTH NO. 53-8663				2. DATE OF DEATH September 21, 1953	
1. NAME OF DECEASED (Type or Print) Bulmy Girl Alston				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
3. PLACE OF DEATH: A. Baltimore City, Maryland 74 L H Prec.				A. STATE Md.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 33 JOHNS HOPKINS HOSPITAL				B. COUNTY BALTO.	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dundalk				D. STREET ADDRESS (If rural, give location) 142 Burkberry Ct.	
c. Length of stay in Baltimore Yrs. Mos. Days				5. DATE OF BIRTH 9-21-53	
5. SEX Female		6. COLOR OR RACE Colored		9. AGE (In years last birthday) 5	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Md.	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Jerry Alston	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME Fannie ?		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 1	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
1B. 776X CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Immaturity					
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-21, 1953, to 9-21, 1953, that I last saw the deceased alive on 9-21, 1953, and that death occurred at 9:15 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Paul M. Taylor M.D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 9-25-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS	
SEP 29 1953				7 8 6 6 2	





B-300  
8664  
TH NO. 53-21992

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8664  
Registered No.

NAME OF DECEASED (Please Print) Infant of Sallie Boyd (292107) 2. DATE OF DEATH September 11, 1953

PLACE OF DEATH: Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY

FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) The Johns Hopkins Hospital 6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

Length of stay in Baltimore Infant Yrs. Mos. Days 103 North Wolfe Street - 31

SEX Female 6. COLOR OR RACE Negro 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH September 11, 1953 9. AGE (In years last birthday) 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min. 6 3

11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?

FATHER'S NAME Walter Boyd 14. MOTHER'S MAIDEN NAME Sallie Stevenson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Hospital Records ADDRESS

18. 763.0 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Pneumonia

ANTECEDENT CAUSES (B) Extraneous infection

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR?

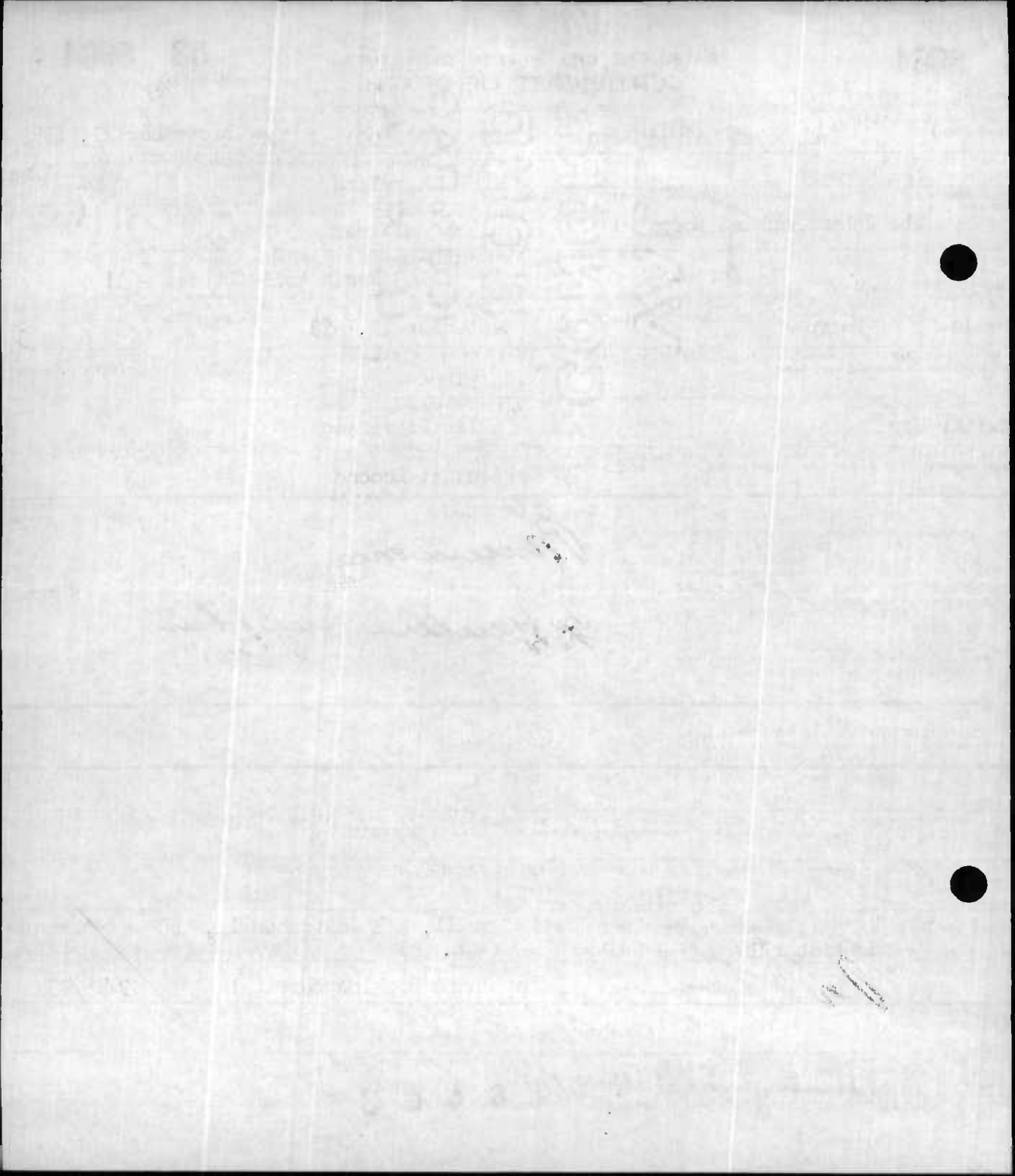
22. I hereby certify that I attended the deceased from September 11, 1953 to September 11, 1953 that I last saw the deceased alive on September 11, 1953 and that death occurred at 4.23 Pm., from the causes and on the date stated above.

23A. SIGNATURE 23B. ADDRESS The Johns Hopkins Hospital 23C. DATE SIGNED 9/15/53

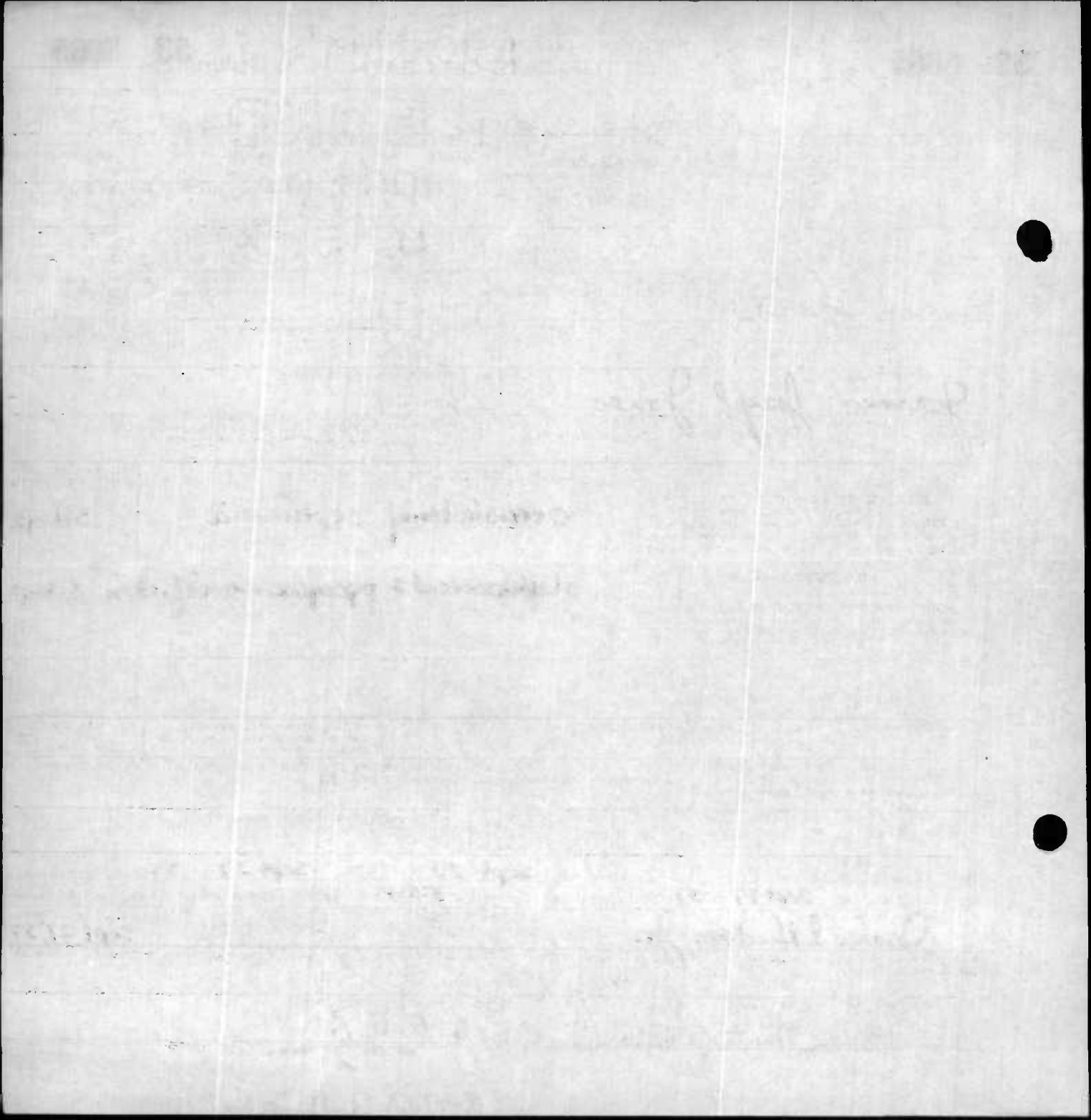
24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

25. FUNERAL DIRECTOR ADDRESS

RECEIVED BY CAL REGISTRAR SEP 29 1953 HUNTINGTON WILKINS, M.D. 8664



J 53 8665		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 8665	
BIRTH NO. 53-22588		CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) <u>Rhonda Jones</u>			2. DATE OF DEATH <u>Sept 27, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>St. Luke 4th</u>			4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) A. STATE <u>md</u> B. COUNTY <u>md</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>33</u> <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 19-01</u>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>326 N. Calhoun St.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>9-18-1953</u>	9. AGE (In years last birthday) <u>9</u>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>md</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>James Joseph Jones</u>			14. MOTHER'S MAIDEN NAME <u>Shirley</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>JOHNS HOPKINS HOSP</u> ADDRESS		
18. <u>768.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Overwhelming septicemia</u> DUE TO ANTECEDENT CAUSES (B) <u>staphylococcal + pyogenicous infection</u> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>8 days</u>		
19A. DATE OF OPERATION <u>7</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept 23</u> , 1953, to <u>Sept 27</u> , 1953, that I last saw the deceased alive on <u>Sept 27</u> , 1953, and that death occurred at <u>3:55P.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>James L. Hudson, Jr.</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>Sept 27, 53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <u>Hosp Deafoul</u>	
24D. LOCATION (City, town, or county)		24E. LOCATION (State)		24F. LOCATION (State)	
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 29 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>664</u>	



351  
8666  
19-22665

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8666  
Registered No.

1. NAME OF DECEASED (Last, first, middle or Print) <b>Infant of Elizabeth Stump</b>		2. DATE OF DEATH <b>September 5, 1953</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>The Johns Hopkins Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <b>Baltimore</b>	
6. LENGTH OF STAY IN BALTIMORE <b>Infant</b>		D. STREET ADDRESS (If rural, give location) <b>1210 Linden Avenue - 17</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH <b>September 5, 1953</b>
11. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)		12. AGE (In years last birthday) <b>35</b>	
13. FATHER'S NAME <b>Ford Stump</b>		14. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY?	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <b>Elizabeth Hypea</b>	
19. ADDRESS		20. INFORMANT <b>Hospital Records</b>	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cenosis</b>		22. INTERVAL BETWEEN ONSET AND DEATH	
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Palpitations of heart &amp; congenital abnormality</b>		24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
25. DATE OF OPERATION		26. MAJOR FINDINGS OF OPERATION	
27. DATE OF AUTOPSY		28. AUTOPSY	
29. DATE OF OPERATION		30. MAJOR FINDINGS OF OPERATION	
31. DATE OF OPERATION		32. MAJOR FINDINGS OF OPERATION	
33. DATE OF OPERATION		34. MAJOR FINDINGS OF OPERATION	
35. DATE OF OPERATION		36. MAJOR FINDINGS OF OPERATION	
37. DATE OF OPERATION		38. MAJOR FINDINGS OF OPERATION	
39. DATE OF OPERATION		40. MAJOR FINDINGS OF OPERATION	
41. DATE OF OPERATION		42. MAJOR FINDINGS OF OPERATION	
43. DATE OF OPERATION		44. MAJOR FINDINGS OF OPERATION	
45. DATE OF OPERATION		46. MAJOR FINDINGS OF OPERATION	
47. DATE OF OPERATION		48. MAJOR FINDINGS OF OPERATION	
49. DATE OF OPERATION		50. MAJOR FINDINGS OF OPERATION	
51. DATE OF OPERATION		52. MAJOR FINDINGS OF OPERATION	
53. DATE OF OPERATION		54. MAJOR FINDINGS OF OPERATION	
55. DATE OF OPERATION		56. MAJOR FINDINGS OF OPERATION	
57. DATE OF OPERATION		58. MAJOR FINDINGS OF OPERATION	
59. DATE OF OPERATION		60. MAJOR FINDINGS OF OPERATION	
61. DATE OF OPERATION		62. MAJOR FINDINGS OF OPERATION	
63. DATE OF OPERATION		64. MAJOR FINDINGS OF OPERATION	
65. DATE OF OPERATION		66. MAJOR FINDINGS OF OPERATION	
67. DATE OF OPERATION		68. MAJOR FINDINGS OF OPERATION	
69. DATE OF OPERATION		70. MAJOR FINDINGS OF OPERATION	
71. DATE OF OPERATION		72. MAJOR FINDINGS OF OPERATION	
73. DATE OF OPERATION		74. MAJOR FINDINGS OF OPERATION	
75. DATE OF OPERATION		76. MAJOR FINDINGS OF OPERATION	
77. DATE OF OPERATION		78. MAJOR FINDINGS OF OPERATION	
79. DATE OF OPERATION		80. MAJOR FINDINGS OF OPERATION	
81. DATE OF OPERATION		82. MAJOR FINDINGS OF OPERATION	
83. DATE OF OPERATION		84. MAJOR FINDINGS OF OPERATION	
85. DATE OF OPERATION		86. MAJOR FINDINGS OF OPERATION	
87. DATE OF OPERATION		88. MAJOR FINDINGS OF OPERATION	
89. DATE OF OPERATION		90. MAJOR FINDINGS OF OPERATION	
91. DATE OF OPERATION		92. MAJOR FINDINGS OF OPERATION	
93. DATE OF OPERATION		94. MAJOR FINDINGS OF OPERATION	
95. DATE OF OPERATION		96. MAJOR FINDINGS OF OPERATION	
97. DATE OF OPERATION		98. MAJOR FINDINGS OF OPERATION	
99. DATE OF OPERATION		100. MAJOR FINDINGS OF OPERATION	

THE UNITED STATES OF AMERICA

DEPARTMENT OF THE ARMY

WASHINGTON, D. C.

OFFICE OF THE ADJUTANT GENERAL

100-100000-100

100-100000-100

100-100000-100

100-100000-100

100-100000-100

100-100000-100

EXHIBIT

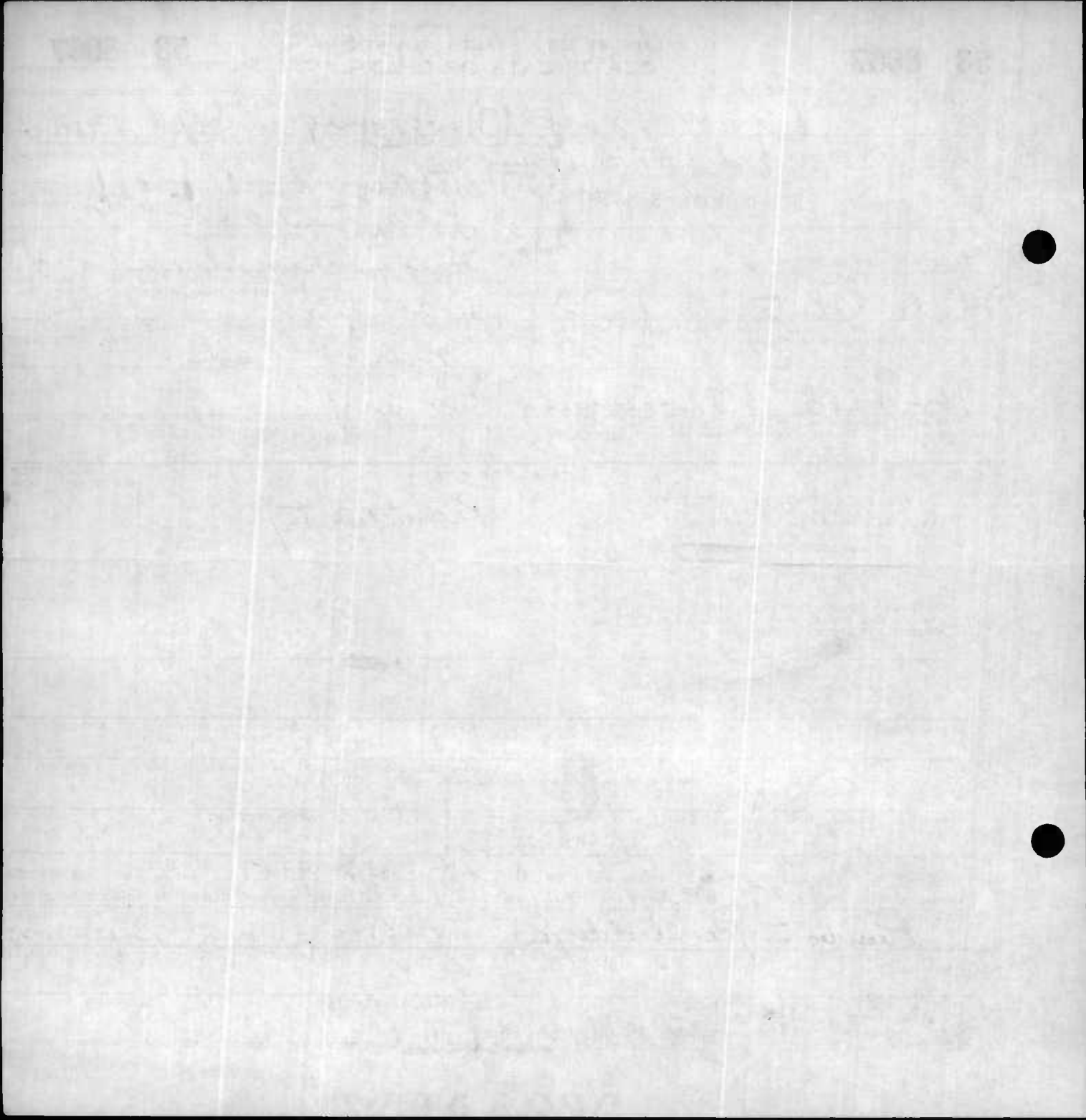
EXHIBIT

EXHIBIT

EXHIBIT



B-655		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 8667	
53 8667		CERTIFICATE OF DEATH			
BIRTH NO. 53-23233		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Baby Boy Browning		Sept 27, 1953			
3. PLACE OF DEATH:		4. USUAL RESIDENCE		Where deceased lived. If institution: residence before admission)	
A. Baltimore City, Maryland		A. STATE		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location)	
33 JOHNS HOPKINS HOSPITAL		Baltimore		4022 Annelien Road	
c. Length of stay in Baltimore		8. DATE OF BIRTH		9. AGE (In years last birthday)	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Male		White		Infant	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
				Maryland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Howard Browning		Mary		2.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
				JOHNS HOPKINS HOSPITAL	
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Prematurity			
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-25-1953 to 9-27-1953, that I last saw the deceased alive on 9-27-1953, and that death occurred at 7:15 P.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Thomas E. Beechelder		JOHNS HOPKINS HOSPITAL		Sept 27, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				Hosp Disposal	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
SEP 29 1953		Huntington Williams		666	
VS 150					
Hospital Disposal					



W-314

53 8668

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8668

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James Whitfield

2. DATE  
OF  
DEATH

Sept 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland / Tab 2 S.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

33 JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1221 N. Central Ave

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male Colored Married

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2-26-1900

9. AGE (In years last birthday)

53

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR INDUSTRY

McDONALD School

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JAMES Whitfield

14. MOTHER'S MAIDEN NAME

NANCY ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

NINA Whitfield 1321 N. CENTRAL AVE

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

aneurysm of left internal iliac artery

ANTECEDENT CAUSES

(B) DUE TO

Atherosclerotic HCV D

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?  
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED  
WHILE AT ☐ WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-22-53 to 9-26-53, that I last saw the deceased alive on 9-26-53 and that death occurred at 12:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Donald G. Mulder

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9-26-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

9/30/53

24C. NAME OF CEMETERY OR CREMATORY

ARBOTOS MEM. PK

24D. LOCATION (City, town, or county)

ARBOTOS, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

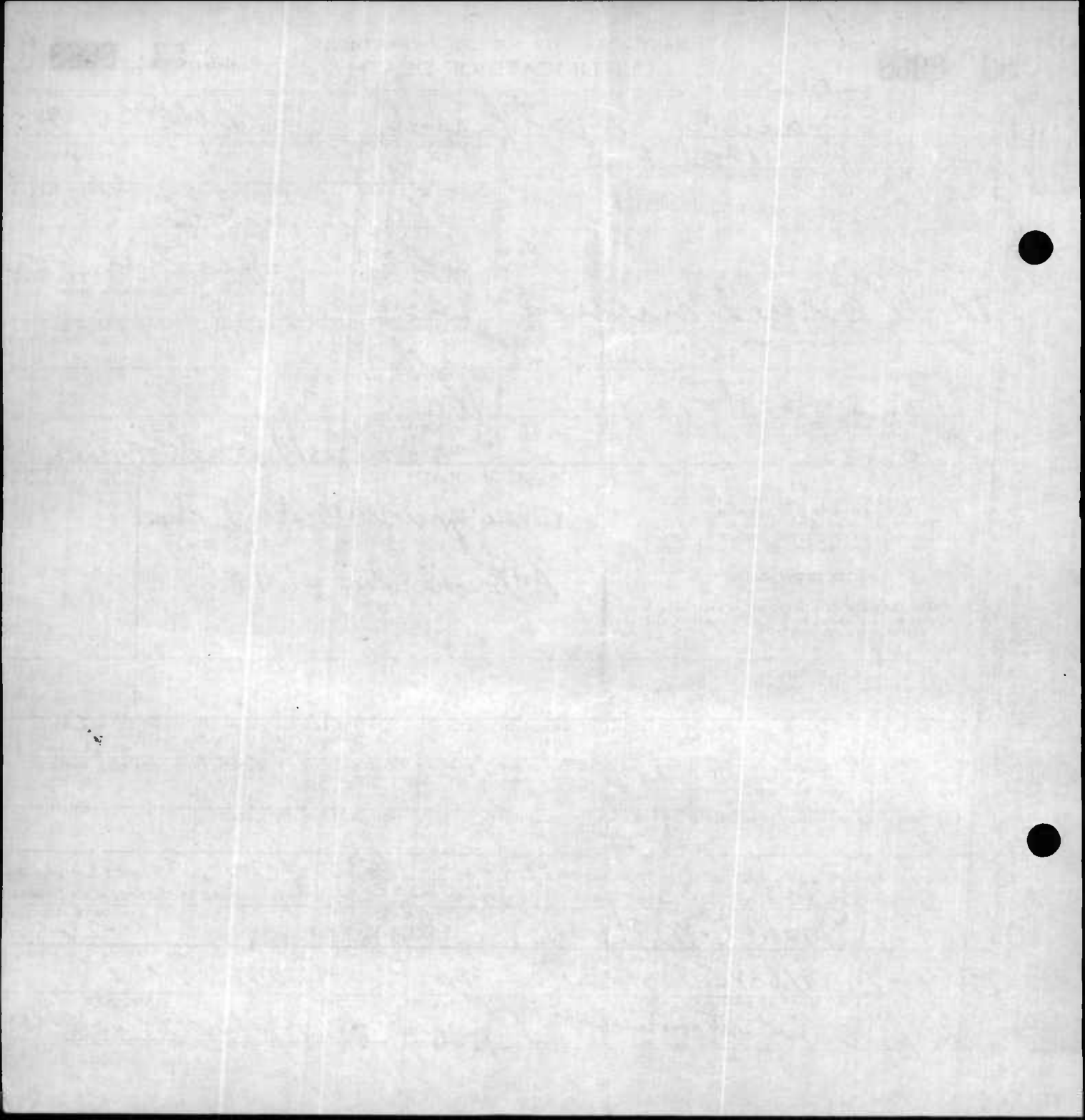
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Joseph S. Rock, Jr.

ADDRESS

1304 N. Central Ave



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8669**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)*Marion B. Lingenman*2. DATE  
OF  
DEATH*9/26/53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Md.*B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Balto*

D. STREET ADDRESS (If rural, give location)

*4213**Potter St.*

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

*Male*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED,

*WIDOWED, DIVORCED (Specify)*  
*Married*

8. DATE OF BIRTH

*2/14/1895*

9. AGE (in years last birthday)

*58*

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Meter Reader*

10B. KIND OF BUSINESS OR INDUSTRY

*Gas + Electric Co.*

11. BIRTHPLACE (State or foreign country)

*Balto. Md.*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*Henry Lingenman*

14. MOTHER'S MAIDEN NAME

*Isabella Lowe*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

*No*

16. SOCIAL SECURITY NO.

*212-05-4867*

17. INFORMANT ADDRESS

*4213 Potter St. Lillian W. Lingenman*

18.

162x  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Bronchogenic Carcinoma*  
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

*Less than one year??*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)   
DUE TO  
(C)   

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *July*, 19*53* to *Sept 26*, 19*53*, that I last saw the deceased alive on *Sept 26* 19*53* and that death occurred at *6 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

*D. K. Williamson II*

M. D.

23B. ADDRESS

*3534 Snowden Dr.*

23C. DATE SIGNED

*9/28/53*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*9/30/53*

24C. NAME OF CEMETERY OR CREMATORY

*London Park*

24D. LOCATION (City, town, or county)

*Balto. Md.*

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

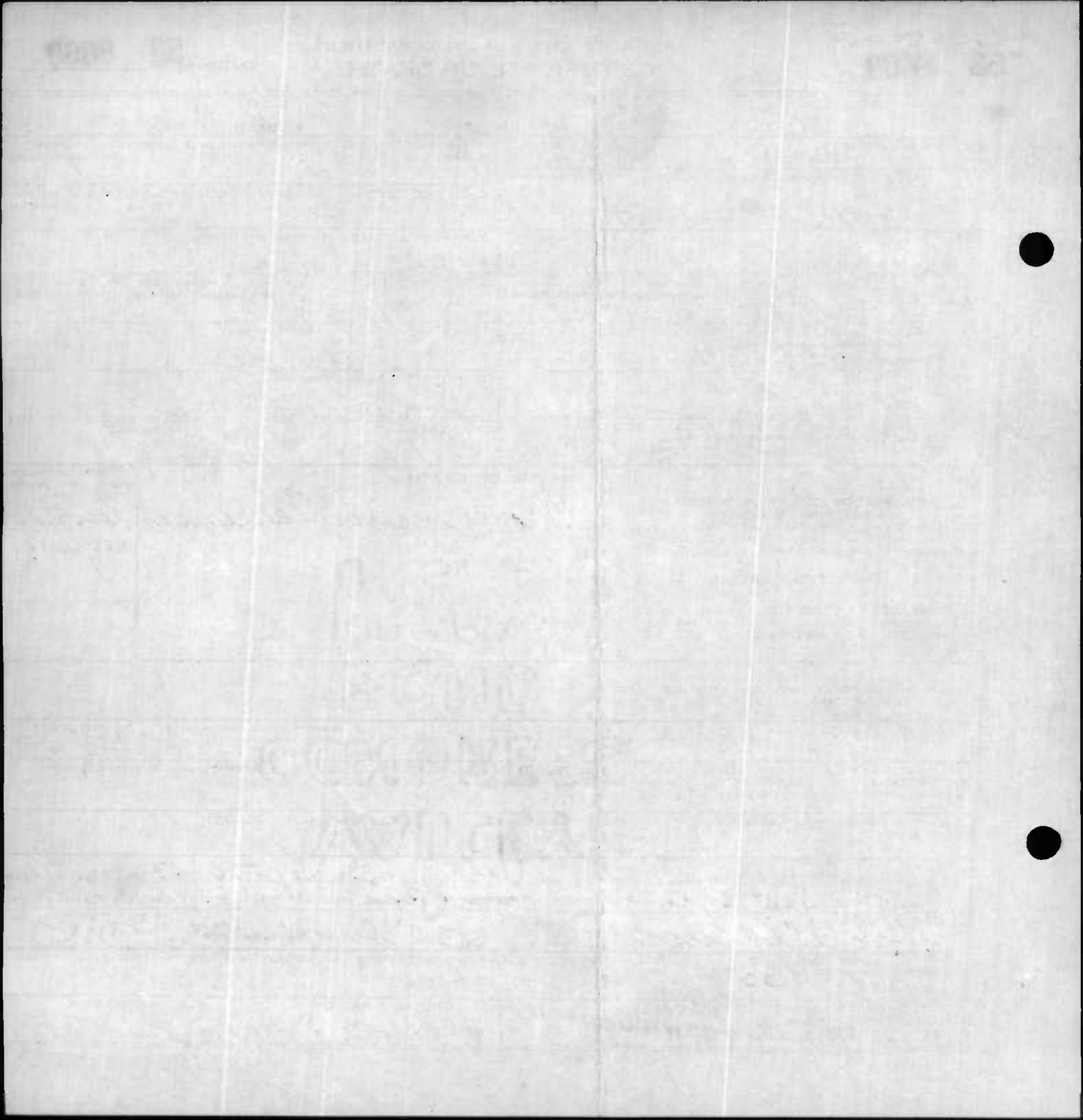
*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*Wm. Paul St. 127 S. Paul St.*

ADDRESS







1-430  
8670

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8670  
Registered No.

1. NAME OF DECEASED (Last, first, middle name or Print)		2. DATE OF DEATH	
Mallett, Leo M		9/27/53	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)	
Baltimore City, Maryland		A. STATE Towson Md. B. COUNTY BALTO	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
USPhs Hosp. Balto., Md. Woman Park Dr. & 31st St		Towson	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
30 Days		1715 Aberdeen St.	
7. SEX	8. COLOR OR RACE	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH
M	W	Married	7/20/03
11. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?	
Commander		US	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Willaim Mallett		Catherine Saulnier	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
Yes CG Active		--	
17. INFORMANT		ADDRESS	
Records USPHS hosp Balto., Md.			

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		Unknown
(A) Carcinoma Of Left Lung With Metastasis to Right Lung		
DUE TO		
(B)		
DUE TO		
(C)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
9/27/53				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
	WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from 8/27 1953, to 9/27 1953, that I last saw the deceased alive on 9/27 1953, and that death occurred at 8:55A m., from the causes and on the date stated above.

23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Ruben A Haynes		USPHS Hosp Balto., Md.		9/27/53	
24A. DATE		24B. NAME OF CEMETERY OR CREMATORY		24C. LOCATION (City, town, or county) (State)	
9/30/53		U.S. National		Arlington Va.	
25. FUNERAL DIRECTOR		ADDRESS			
Huntington Williams, Jr.		1217 St. Paul St.			
VS 150		59591			

8078

80

CERTIFICATE OF DEATH

1910



C-625

JL-94993

53 8671

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8671

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Grace Carrigan

2. DATE  
OF  
DEATH

Sept. 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)Baltimore City Hospitals  
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

406 N. Patterson Pk. Ave. (B. C. H. Inf.)

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Wid.

8. DATE OF BIRTH

Jan. 27, 1878

9. AGE (In years  
last birthday)

75

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of work log life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Nathaniel Crow

14. MOTHER'S MAIDEN NAME

Solina Hohn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18. 470.1 and 260X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

24 hrs

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

20 yrs.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-25-45, 19\_\_, to Sept. 28, 1953 that I last saw the  
deceased alive on Sept. 28, 1953 and that death occurred at 2:46 AM m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Jones, M.D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

9-28-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/1/53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Eastern Ave. Extended

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Cook Inc. 1217 St. Paul St.

1953

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8672

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Kennedy, Martha

2. DATE  
OF  
DEATH

4-26-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Monument &amp; Wolfe

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

42 Lian Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5212 Park Heights Ave

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs J. Crowther 5212 Park Heights

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Cardiovascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-11, 1953 to 9-26, 1953, that I last saw the  
deceased alive on 9-26, 1953, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

23. SIGNATURE

Robert W. Ireland

M. D.

23B. ADDRESS

Crisis Hospital

23C. DATE SIGNED

9-26-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept. 29/53

Druid Ridge

Baltimore Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

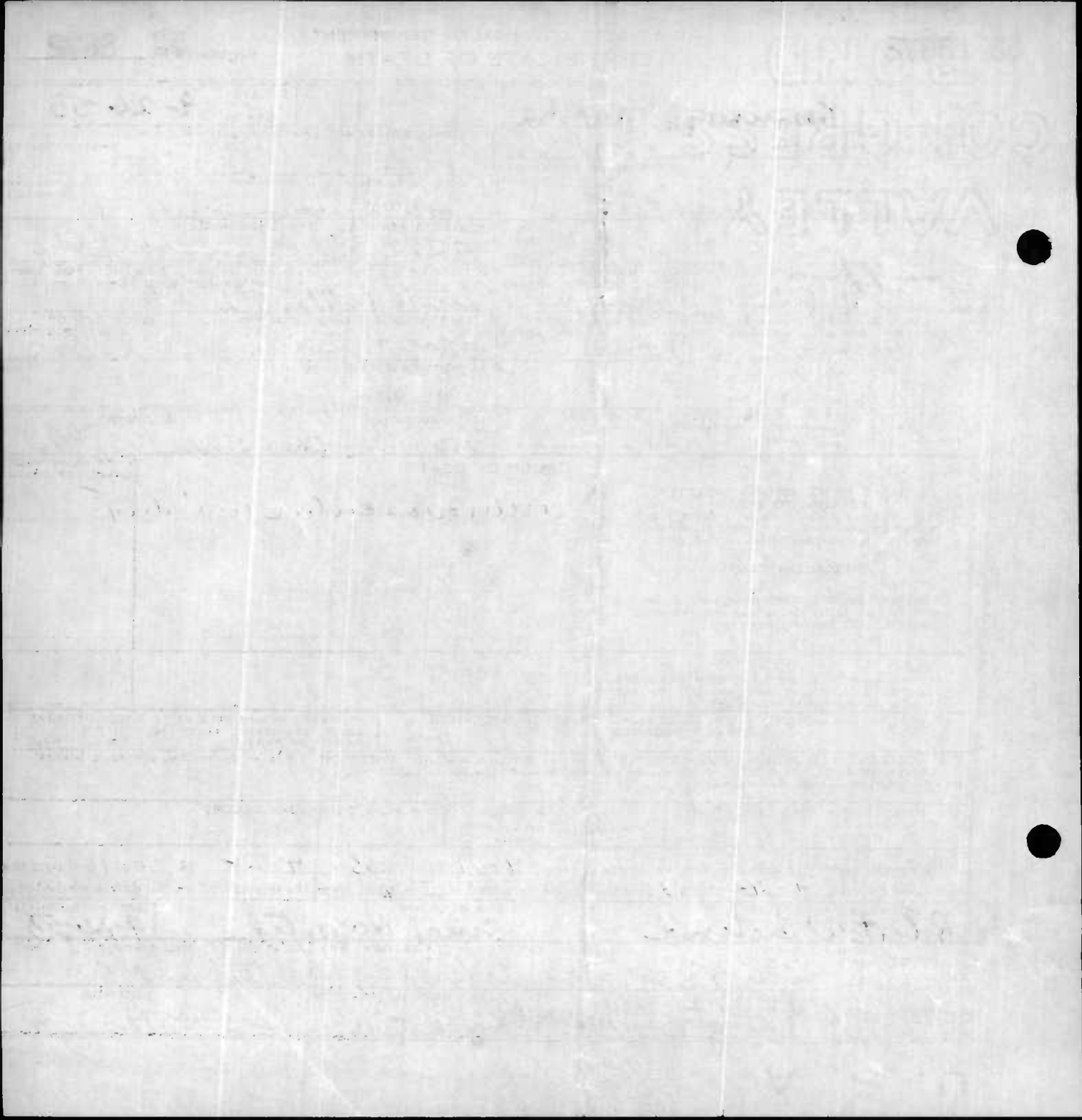
25. FUNERAL DIRECTOR

ADDRESS

SEP 29 1953

Huntington Williams, M.D.

5005 Park Heights Ave





-650  
8673BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8673  
Registered No.

TH NO.

NAME OF DECEASED  
(Full name or Print)

BROWN, DANIEL

2. DATE  
OF  
DEATH

Sept. 27, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Frederick Square Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

Life

SEX

M

6. COLOR OR RACE

B

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb 18, 1887

9. AGE (In years  
last birthday)

66

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.13. USUAL OCCUPATION (Give kind of  
one during most of working life, even if retired)

FATHER'S NAME

Amos Brown

10B. KIND OF BUSINESS OR  
INDUSTRY

Bethlehem Steel Co.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)

yes should have been

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Gladine Brooks 2628 N. Harlem Ave.

ADDRESS

18. 023X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Ischemic cardiovascular  
disease

(B)

DUE TO

(C)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 12, 1953 to Sept. 27, 1953 that I last saw the  
deceased alive on Sept. 27, 1953, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Antonio L. Rison

M. D.

23B. ADDRESS

Frederick Square Hosp.

23C. DATE SIGNED

Sept. 23, 1953

24. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct. 1, 1953

24C. NAME OF CEMETERY OR CREMATORY

Balto. National Cem.

24D. LOCATION (City, town, or county)

Frederick Road Md.

(State)

25. RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Miss Robert L. Ellinger

ADDRESS

1129 N. Caroline St.

VS 150

9703A

8083

83

RECEIVED  
FEB 20 1964

8083

UNITED STATES  
DEPARTMENT OF AGRICULTURE

COPIES  
10/1/63

W. A. ...

...

...

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8674**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)

10 Under 1 Year

11 Under 24 Hours

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. **E 900.0 and 002X**

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO(C) **Accidental fall**

CERTIFICATION APPROVED BY

**William H. Hoff** M. D.  
CHIEF OR ASST. MEDICAL EXAMINER.II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.**MILD T.B.C. - SEC. ANEMIA**

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ WORK NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-26**, 19**53**, to **9-27**, 19**53**, that I last saw the  
deceased alive on **9-27**, 19**53**, and that death occurred at **5 P.** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

N 864.2

97099

1129 N. Caroline St.



53 R-563  
8675BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8675

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CATHERINE L. REINHARDT

2. DATE  
OF  
DEATH

SEPT:27:1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

BALTIMORE CITY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4614 YORK ROAD

C. CITY OR TOWN  
BALTIMORE

(If outside corporate limits, write RURAL and give township)

27-11

c. Length of stay in Baltimore

Yrs.  
Mos.  
DaysD. STREET ADDRESS (If rural, give location)  
4614 YORK ROAD

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
WIDOWED

8. DATE OF BIRTH

AUG:19:1893

9. AGE (In years  
last birthday)

80

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

NEW YORK

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CARL MEYER

14. MOTHER'S MAIDEN NAME

ANNA C. STRATLEJOHN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO.

\*\*\*\*\*

16. SOCIAL  
SECURITY NO.

17. INFORMANT

HELEN C. WALCOTT..

ADDRESS

SAME

18.

181X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Malignancy of the bladder  
and adjacent organs  
Cardiac failure

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1953 to Sept 1953 that I last saw the  
deceased alive on Sept 26, 1953, and that death occurred at 2:20 A.M. from the causes and on the date stated above.

23A. SIGNATURE

Marshall Sodaw

23B. ADDRESS

4624 York Rd

23C. DATE SIGNED

Sept 28-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

SEPT:29:53

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK CEMETERY

24D. LOCATION (City, town, or county)

BALTIMORE MARYLAND

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 29 1953

Huntington Williams, M.D.

F.B. Wippert &amp; Son

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11/27/2007



S-162

8676

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8676

1. NAME OF DECEASED (Last, first, middle name or Print) <b>George S. Sparhawk</b>		2. DATE OF DEATH <b>Sept. 26/53</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>2356 Washington Blvd.</b> 6. INSTITUTION <b>D.O.A. St. Agnes' Hospital</b>		7. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
8. LENGTH OF STAY IN BALTIMORE <b>Life</b>		9. STREET ADDRESS (If rural, give location) <b>1905 Wilhelm St.</b>	
10. SEX <b>Male</b>	11. COLOR OR RACE <b>White</b>	12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	13. DATE OF BIRTH <b>Oct. 3, 1876</b>
14. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Retired Machinist</b>		15. AGE (In years last birthday) <b>76</b>	
16. FATHER'S NAME <b>John J. Sparhawk</b>		17. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		19. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
20. SOCIAL SECURITY NO.		21. MOTHER'S MAIDEN NAME <b>Laura Upperman</b>	
22. INFORMANT <b>Mrs. Lizetta Sparhawk</b>		23. ADDRESS <b>1905 Wilhelm St</b>	
24. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Thrombosis Coronary</b>		25. INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>	
26. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Coronary Sclerosis</b>		27. DUE TO <b>years</b>	
28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Diabetes Mellitus</b>		29. DUE TO <b>years</b>	
30. DATE OF OPERATION		31. MAJOR FINDINGS OF OPERATION	
32. DATE OF AUTOPSY <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>			
33. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	34. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	35. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
36. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	37. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	38. 21F. HOW DID INJURY OCCUR?	
39. 22. I hereby certify that I attended the deceased from <b>Sept 1, 1950</b> to <b>Sept 26, 1953</b> that I last saw the deceased alive on <b>Sept 26, 1953</b> and that death occurred at <b>5 P.m.</b> from the causes and on the date stated above.			
40. 23A. SIGNATURE <b>For Mendel</b>		41. 23B. ADDRESS <b>651 N. Bentalon</b>	
42. 23C. DATE SIGNED <b>9/28/53</b>			
43. A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	44. 24A. DATE <b>Sept. 30/53</b>	45. 24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>	46. 24D. LOCATION (City, town, or county) (State) <b>Baltimore 29, Md.</b>
47. 25. FUNERAL RECEIVED BY <b>P. 291953 H. H. H. Williams</b>		48. 25. FUNERAL DIRECTOR'S ADDRESS <b>4101 Edmondson Ave.</b>	



610  
8877BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8877

TH NO.

NAME OF DECEASED  
(Name or Print)

Anna E Gracfe

2. DATE  
OF  
DEATH

26 Sept 53

PLACE OF DEATH:

Baltimore City, Maryland Baltimore ID

FULL NAME OF (If not in hospital or institution, give street address or  
SPITAL OR location)  
TITUTION Union Memorial Hospital  
35th Street.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY BALTO before admission)

Jacksonville, Monroton P.O. Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Jacksonville

D. STREET ADDRESS (If rural, give location)

Monroton P.O.

53-00

Length of stay in Baltimore

Yrs.  
Mos.  
Days

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

August 16-1889

9. AGE (In years  
last birthday)

64

If Under 1 Year If Under 24 Hours  
Months Days Hours Min.1. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

house wife

10B. KIND OF BUSINESS OR  
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

Amer. Can

FATHER'S NAME

Martin Sweickart.

14. MOTHER'S MAIDEN NAME

Elizabeth Voelker.

WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

Family Records

18. 170X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Carcinoma of breasts +  
DUE TO generalized metastases.

ANTECEDENT CAUSES

(B) hyperthorax

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Sept, 1953, to 26 Sept, 1953, that I last saw the  
deceased alive on 26 Sept, 1953, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Ravick

M. D.

23B. ADDRESS

U. I. I. M.

23C. DATE SIGNED

29 Sept 53

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 29 1953

24C. NAME OF CEMETERY OR CREMATORY

St. John's Cemetery

24D. LOCATION (City, town, or county) (State)

Sweet Air, Balt. Co., Md.

TE RECEIVED BY  
CAP REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John Quinn's Sons, Towson, Md.



W-552

8678

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8678

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mrs. Anna C. Weininger</b>			2. DATE OF DEATH <b>Sept. 28, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>3313 Moravia Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>3313 Moravia Avenue</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Nov. 4, 1887</b>	9. AGE (In years last birthday) <b>65</b>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at Home</b>			11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Schrodt</b>			14. MOTHER'S MAIDEN NAME <b>Cook</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Mr. John V. Weininger, 3313 Moravia</b>			ADDRESS		

18. <b>153 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cancer of Colon</b> (A) _____ DUE TO	INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
ANTECEDENT CAUSES (B) _____ DUE TO	
(C) _____ DUE TO	

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>Nov 1952</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <b>Cancer</b>	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Oct 1st**, 1952 to **Sept 28, 1953**, that I last saw the deceased alive on **9-26**, 1953, and that death occurred at **5:30 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE **L. L. Gordy** M.D. 23B. ADDRESS **5706 Harford Rd** 23C. DATE SIGNED **9-28-53**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Sept 30, 1953</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 29 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
		ADDRESS <b>Leonard J. Ruck, 5305 Harford Road.</b>	





C-200  
53 8679BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8679  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mr. John Joseph Cook

2. DATE  
OF  
DEATH

Sept 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

3913 Wilke Avenue

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

3913 Wilke Avenue

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Apr. 25, 1919

9. AGE (In years

34

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Maintenance, Baltimore Transit Co

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Iowa

12. CITIZEN OF

WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

Edward W. Cook

14. MOTHER'S MAIDEN NAME

Grace Hefner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Roberta M. Cook, 3913 Wilke Ave.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

Sarcoma Left Femur

INTERVAL BETWEEN  
ONSET AND DEATH

6 mo.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1953, to Sept 28, 1953, that I last saw the  
deceased alive on Sept 28, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph L. Tenney

23B. ADDRESS

4412 Selwood Ave

23C. DATE SIGNED

9/28/53

24A. BURIAL, CREMA  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct 1, 1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

SEP 29 1953

VS 150

55451



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8680

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DOROTHY

C.

AIDT

2. DATE  
OF  
DEATH

9-28-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

819 Lyndhurst Street

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

819 Lyndhurst Street

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 11, 1912

9. AGE (In years,  
last birthday)

41

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Delaware

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Truman Cunningham

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.  
212-10-4115

17. INFORMANT

ADDRESS

Mr. John N. Aidt - 819 Lyndhurst St.

18.

E 970.8

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

Chloral Hydrate Poisoning

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

819 Lyndhurst Street

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

9-28-53 10:30 A.

m.

21E. INJURY OCCURRED  
WHILE AT NOT WHILE AT  
WORK ☐ WORK ☒

21F. HOW DID INJURY OCCUR?

ingested overdose of chloral hydrate

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

*B. Fisher*

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒  
ASSISTANT MEDICAL EXAMINER.....☐  
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

9-28-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/1/53

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams*

25. FUNERAL DIRECTOR

*Wm. J. Dickner & Sons*

ADDRESS

Balto. 17, Md.

VS 151

N-974.0

MARGIN RESERVED FOR BINDING  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1981

CERTIFICATE OF DEATH

1981



53 8681

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8681

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DAVID BARTON

2. DATE  
OF  
DEATH

Sept. 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institutional residence  
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

517 W. Franklin St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
Baltimore township)

D. STREET ADDRESS (If rural, give location)

517 W. Franklin St.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
widowed

8. DATE OF BIRTH

July 1, 1866

9. AGE (In years  
last birthday)

87

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
Candy Mfg. (rtd)10B. KIND OF BUSINESS OR  
INDUSTRY  
Candy

11. BIRTHPLACE (State or foreign country)

Canada

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Barton

14. MOTHER'S MAIDEN NAME

Mary Quinton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
no16. SOCIAL  
SECURITY NO.  
none17. INFORMANT ADDRESS  
Mrs. Walter Kuehnelt-Bayside Beach, Pasadena

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (a. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 17, 1953, to Sept. 28, 1953, that I last saw the  
deceased alive on Sept. 28, 1953, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. E. Meade

M. D.

23B. ADDRESS

4215 Paul Heights Rd

23C. DATE SIGNED

9/29/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/31/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

Baltimore 17, Md.

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53 8682

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8682  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLES DIMMOCK SMITH

2. DATE  
OF  
DEATH

Sept. 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

2317 W. Lafayette Ave.

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2317 W. Lafayette Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

Mar. 25, 1880

9. AGE (in years  
last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
Test Man (rtd)10B. KIND OF BUSINESS OR  
INDUSTRY  
Gas & Elec. Co.

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Henry Dimmock Smith

14. MOTHER'S MAIDEN NAME

Mollie Hardin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Estelle P. Smith-2317 W. Lafayette

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Coronary Thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

6 days

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-21-53, 19\_\_, to 9-27-53, 19\_\_, that I last saw the  
deceased alive on 9-11-53, 19\_\_, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Gus S. Rumbel

M. D.

23B. ADDRESS

2703 Edmondson Ave

23C. DATE SIGNED

9-29-53

24A. BURIAL, CREMA  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/30/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Cem.

24D. LOCATION (City, town, or county)

Baltg., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

FURNERAL DIRECTOR

J. Vickers &amp; Sons

ADDRESS

Baltg. 17, Md.

8200 82

8200 82

1000 34

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-400  
53 8683

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 8683**

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Helen Kelly		SEP 28 1953	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
A. Baltimore City, Maryland		A. STATE Md.	
B. FULL NAME OF HOSPITAL OR INSTITUTION		B. COUNTY	
33 JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Life		453 W. 24th. St.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
female	white	W.	12-26-99
9. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. B. KIND OF BUSINESS OR INDUSTRY	
Packing Scream		Scream mfg	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Frederick Buchman		Alice Hall	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
(If yes, give war or dates of service)		215-18-6985	
17. INFORMANT		ADDRESS	
JOHNS HOPKINS HOSPITAL			

18.	141X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Thrombosis cerebri	3 days
ANTECEDENT CAUSES		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)	
		DUE TO	
		(C) Carcinoma of tongue	

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 9/24/53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Carcinoma of tongue		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 9-20-, 1953 to 9-28-, 1953, that I last saw the deceased alive on 9-28-, 1953, and that death occurred at 6-4 m., from the causes and on the date stated above.

23A. SIGNATURE F. S. Hoffmann M.D. M. O.	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 9/20/53
--	--	-----------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct 1 - 53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS

SEP 29 1959  
VS 150

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

69041

9/24/23

COVERED

N-326

53 8684

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8684  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)PLACE OF DEATH:  
Baltimore City, MarylandFULL NAME OF DECEASED (If not in hospital or institution, give street address or location)  
George b. Whitaker Balto.RESIDENCE (If outside corporate limits, write RURAL and give township)  
5909 Ayleshire Rd. Balto. 27-38Length of stay in Baltimore  
1 yr 0 mos 0 days

SEX: Male 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Manager 10. KIND OF BUSINESS OR INDUSTRY: Encyclopedia Britanica

FATHER'S NAME: Louis Whitaker

DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): Yes War II

18. 4201 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 28, 1953, to Sept. 28, 1953, that I last saw the deceased alive on Sept. 28, 1953, and that death occurred at 10:30 A.M., from the cause and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

2004M

NO. 52

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
OFFICE OF THE REGISTRAR  
ALBANY, N. Y.

1914

DEPARTMENT OF HEALTH

OFFICE OF THE REGISTRAR

ALBANY, N. Y.

ALBANY, N. Y.

ALBANY, N. Y.

Dr. H. L. Spier

4408 Rock Haven Blvd

No. 78131

11



58

8685

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8685

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

OTIS Ross

2. DATE  
OF  
DEATH

9-26-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (not in hospital or institution, give street address or location)

UNIVERSITY HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

746 PENNA AVE.

c. Length of stay in Baltimore

25

Yrs.  
Moor.  
Days

5. SEX

MALE

6. COLOR OR RACE

COL

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

- - 1899

9. AGE (In years  
last birthday)

54.

11 Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

CONTRACTOR

10B. KIND OF BUSINESS OR  
INDUSTRY

BUILDING

11. BIRTHPLACE (State or foreign country)

UNKNOWN

12. CITIZEN OF  
WHAT COUNTRY?

USA.

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

746 ADDRESS

MARIAE ROSS, PENNA AVE.

18. E 916.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Asphyxia

DUE TO

Laryngeal Edema

ANTECEDENT CAUSES

(B)

DUE TO

2° &amp; 3° BURNS OF FACE &amp; CHEST

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

844 Penna. Ave

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

9 24 53

21E. INJURY OCCURRED

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☒

21F. HOW DID INJURY OCCUR?

Kerosene? was put on fire  
clothes caught on fire when22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

9-26-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

10/1/53

24C. NAME OF CEMETERY OR CREMATORY

MT AUBURN CEM. BALTIMORE

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

William G. Jackson

VS 151

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29024

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

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V-251

8686

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered 53 8686

TH NO.

NAME OF DECEASED  
(Name or Print)

Mr. Carl H. Wockenfuss

2. DATE  
OF  
DEATH

9/27/53

PLACE OF DEATH:

Baltimore City, Maryland

Baltimore

FULL NAME OF (If not in hospital or institution, give street address or location)

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

53-00

D. STREET ADDRESS (If rural, give location)

3009 Illinois Ave

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

12/21/86

9. AGE (In years  
last birthday)

66

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10. USUAL OCCUPATION (Give kind of  
one during most of working life, even if retired)

Machinist, retired

10B. KIND OF BUSINESS OR  
INDUSTRY

Knives Co.

FATHER'S NAME

Frederick W. Wockenfuss

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Augusta F. ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No.

16. SOCIAL  
SECURITY NO.

214-07-5349

17. INFORMANT

George Wockenfuss

ADDRESS 314

Stratford St

18. 420.0 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Pulmonary edema

DUE TO

## ANTECEDENT CAUSES

(B)

Atherosclerotic heart disease

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 9/25 1953, to 9/27 1953, that I last saw the  
deceased alive on 9/27 1953, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Heinrich Rein

23B. ADDRESS

M. D.

Lutheran Hospital

23C. DATE SIGNED

9/27/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept. 30 - 1953

St. Paul's

Balto.

Md.

25. FUNERAL RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 3109

SEP 29 1953

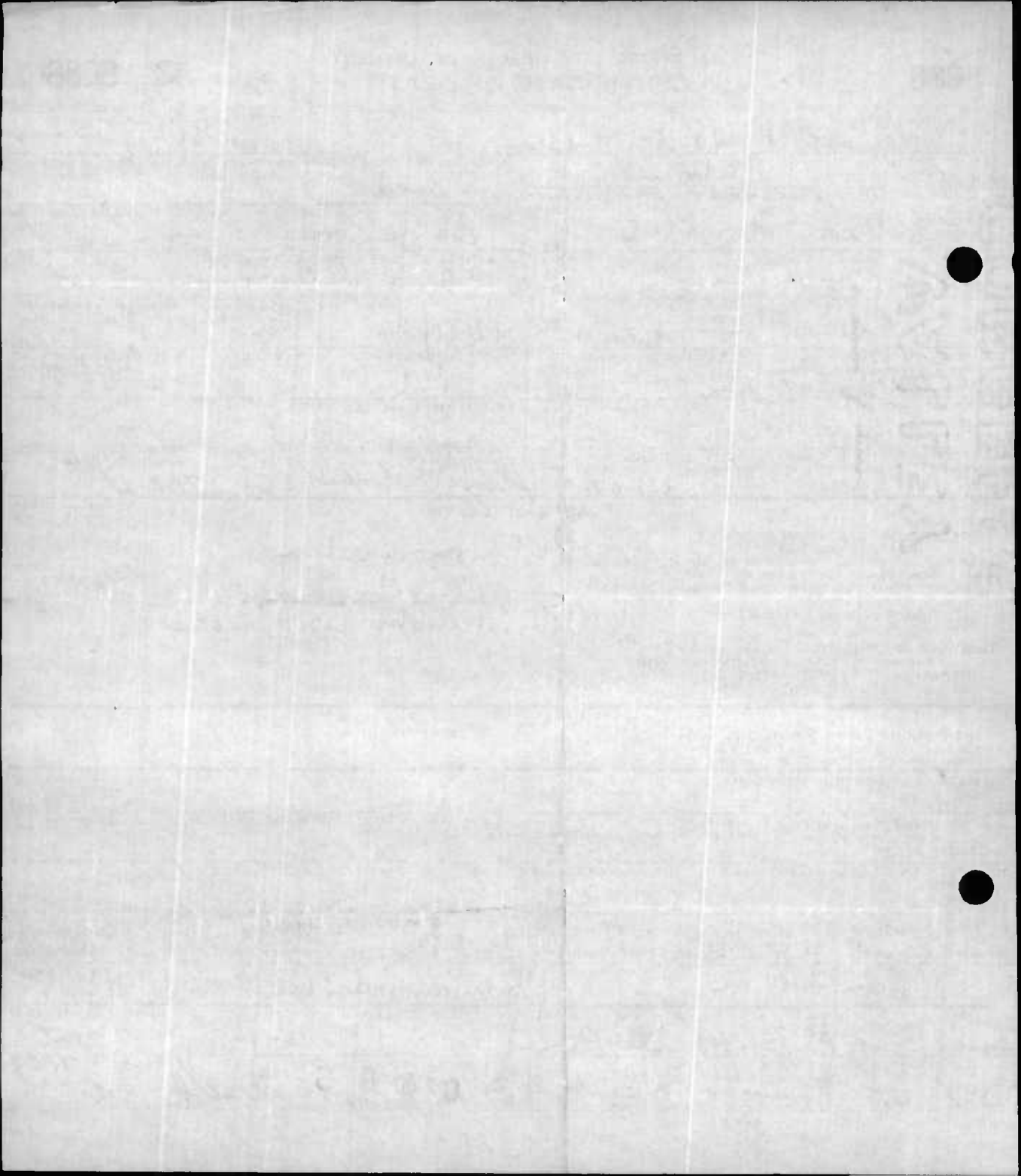
Huntington Williams, M.D. &amp; Sons

3109

Fredk. Ave.

VS 150

5443M



P-612  
53 8687BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8887

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Wesley M. PURVIS		2. DATE OF DEATH 9-27-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY X			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore 25-32			
c. Length of stay in Baltimore 13 Yrs		D. STREET ADDRESS (If rural, give location) 1031 Shellbanks Road			
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/28/24	9. AGE (In years last birthday) 29	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marchant Marine		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bethel, N.C.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Shedirieck Hoggins		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mary Purvis 149 W. Henrietta st.			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 581.0 I CAUSE OF DEATH Bronchopneumonia (A) Fatty infiltration of the liver DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <input checked="" type="checkbox"/> natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>					
23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER... M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED 9-28-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/1/53	24C. NAME OF CEMETERY OR CREMATORY Baltimore National	24D. LOCATION (City, town, or county) (State) Baltimore, City		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington	25. FUNERAL DIRECTOR Isaiah Brown & Son		ADDRESS 67355 108 W. Montgomery St	

7888 27

STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

7888 27





8000

10

8000

MARGIN RESERVED FOR BINDING

53 8689

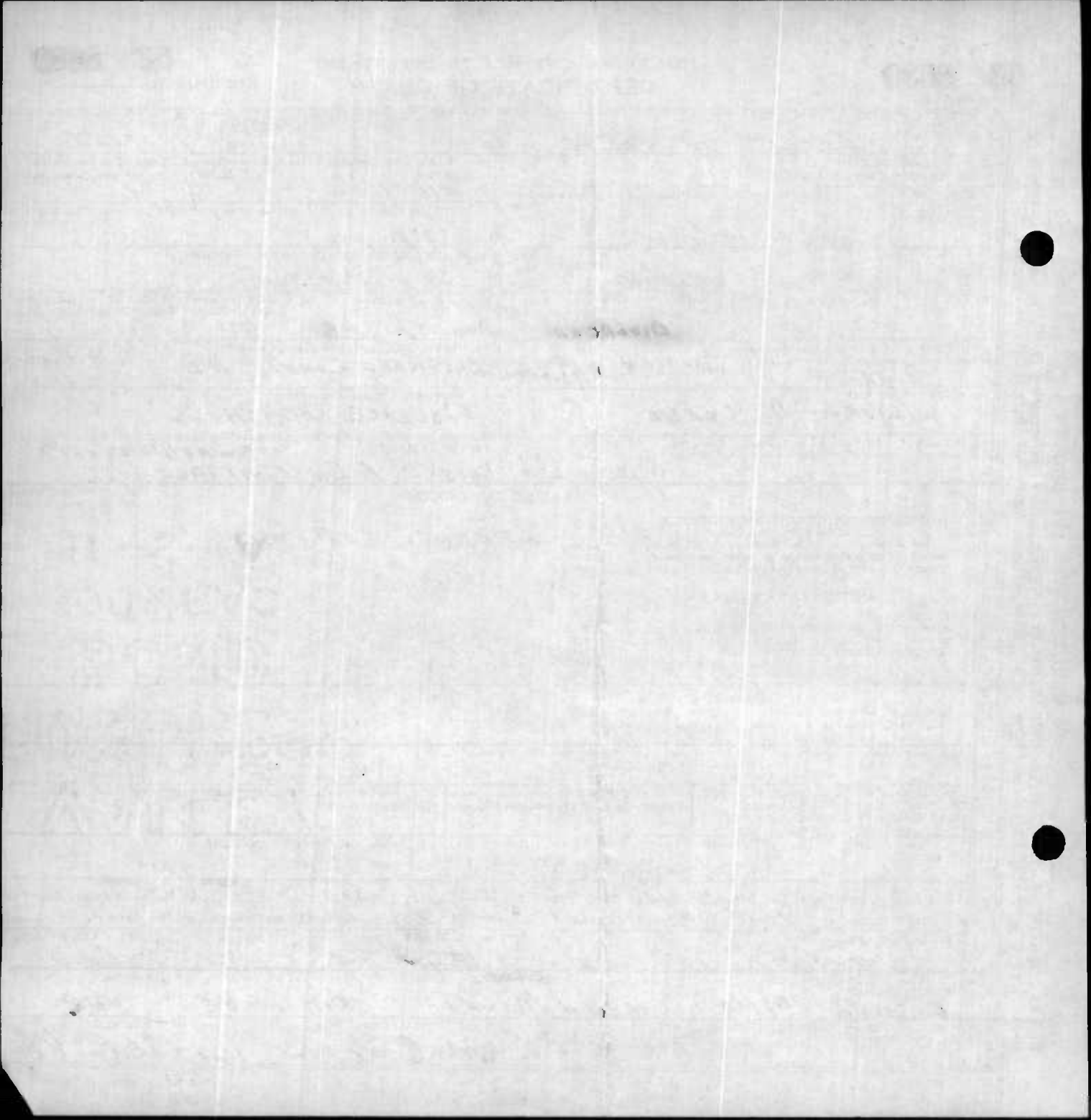
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8689

Registered No. \_\_\_\_\_

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ROBERT N. CORSE</b>		2. DATE OF DEATH <b>9/28/53</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission) a. STATE <b>MARYLAND</b> b. COUNTY <b>11-00</b>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>MERCY HOSPITAL</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
c. Length of stay in Baltimore <b>UNKNOWN</b>		d. STREET ADDRESS (If rural, give location) <b>29 W. PRESTON ST.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>AUG. 18, 1895</b>
9. AGE (in years last birthday) <b>58</b>		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GUARD</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>WESTERN NATIONAL</b>	
11. BIRTHPLACE (State or foreign country) <b>BALTIMORE COUNTY, MD.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>WILLIAM D. CORSE</b>		14. MOTHER'S MAIDEN NAME <b>FLORENCE MATTHEWS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>212-01-6160</b>	
17. INFORMANT <b>GEORGE F. CORSE, 411 YALE AVE.</b>		18. CAUSE OF DEATH <b>CEREBRAL THROMBOSIS</b>	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>332X I</b>		20. INTERVAL BETWEEN ONSET AND DEATH <b>24 DAYS</b>	
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		22. I hereby certify that I attended the deceased from <b>9/14</b> , 19 <b>53</b> , to <b>9/28</b> , 19 <b>53</b> that I last saw the deceased alive on <b>9/28</b> , 19 <b>53</b> , and that death occurred at <b>7 A.M.</b> , from the causes and on the date stated above.	
23a. DATE OF OPERATION <b>7</b>		23b. CONDITION FOR WHICH OPERATION WAS PERFORMED	
24a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		24b. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)	
24c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		24d. HOW DID INJURY OCCUR?	
24e. TIME (Month) (Day) (Year) (Hour) OF INJURY		24f. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
25. I hereby certify that I attended the deceased from <b>9/14</b> , 19 <b>53</b> , to <b>9/28</b> , 19 <b>53</b> that I last saw the deceased alive on <b>9/28</b> , 19 <b>53</b> , and that death occurred at <b>7 A.M.</b> , from the causes and on the date stated above.		26. SIGNATURE <b>Harry S. [Signature]</b>	
27. ADDRESS <b>MERCY HOSPITAL</b>		28. DATE SIGNED <b>9/28/53</b>	
29. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>		30. DATE <b>10/1/53</b>	
31. NAME OF CEMETERY OR CREMATORY <b>GREEN MOUNT</b>		32. LOCATION (City, town, or county) (State) <b>BALTIMORE, MD.</b>	
33. DATE RECEIVED BY LOCAL REGISTRAR		34. REGISTRAR'S SIGNATURE <b>[Signature]</b>	
35. FUNERAL DIRECTOR <b>John Cook, Inc.</b>		36. ADDRESS <b>1217 St. Paul St.</b>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8690

BIRTH NO. 53 8690

1. NAME OF DECEASED (Type or Print) <i>Roy F. Johnston</i>		2. DATE OF DEATH <i>Sept-29-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Thy 2</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admision) A. STATE <i>W. Virginia</i> B. COUNTY <i>V-45</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>S. Charleston</i>	
c. Length of stay in Baltimore Yrs. <i>2 1/2</i> Mos. <i>4</i> Days <i>the</i>		D. STREET ADDRESS (If rural, give location) <i>212 4th Ave</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>12-2-10</i>
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carbide operator</i>		10. AGE (In years last birthday) <i>42</i>	
11. BIRTHPLACE (State or foreign country) <i>W. Va.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John Johnston</i>		14. MOTHER'S MAIDEN NAME <i>Mary</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>199.7</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary embolism</i>	CAUSE OF DEATH (A) <i>Pulmonary embolism</i> DUE TO (B) <i>Metastatic carcinoma, gastric</i> DUE TO (C) <i>Primary site undetermined</i>	INTERVAL BETWEEN ONSET AND DEATH <i>10 min</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>Sept 14, 1953</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Metastatic carcinoma</i>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Sept 13, 1953</i> to <i>Sept 29, 1953</i> , that I last saw the deceased alive on <i>Sept 29, 1953</i> , and that death occurred at <i>8</i> m., from the causes and on the date stated above.							
23A. SIGNATURE <i>M. D. Flowers</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>Sept 29, 1953</i>			

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>9-29-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Charles Town N. W. Va</i>		24D. LOCATION (City, town, or county) (State) <i>Charleston Va.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 29 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington W. Williams, MD</i>		25. FUNERAL DIRECTOR <i>W. C. Cook</i>		ADDRESS <i>1217 St. Paul St.</i>	

See query reply in Document file.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8691**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CORA LEE BENNETT

2. DATE  
OF  
DEATH

Sept. 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Mrs. Rhodes Nursing Home  
353 Rosebank Ave.

C. CITY OR TOWN (If outside corporate limits, write R.F.A. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1810 Kenway Rd.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Aug. 1, 1871

9. AGE (In years)

62

If Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Rtd

10B. KIND OF BUSINESS OR INDUSTRY

Nursing Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

-- Bennett

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. Hilda S. Booze - 1810 Kenway Rd.

18. 42211

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-27-53 to 9-28-53 that I last saw the  
deceased alive on 9-22-53, and that death occurred at 9:30 PM on the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9/30/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 29 1953

Huntington Williams, M.D.

J. H. Schuler, V. Pres

Balto., Md.

1888 82

1888 82

*[Faint, illegible handwriting, possibly a signature or list of names]*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8692  
Registered No. 53 8692

BIRTH NO. 53 8692

1. NAME OF DECEASED  
(Type or Print)

Olin Robert Insley

2. DATE  
OF  
DEATH

Sept 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived)

A. STATE

md.

B. COUNTY

Baltimore

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

Cambridge

D. STREET ADDRESS (If rural, give location)

106 Academy St.

c. Length of stay in Baltimore

2 months

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

None

8. DATE OF BIRTH

7-8-1953

9. AGE (In years)

last birthday

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edgar D Insley

14. MOTHER'S MAIDEN NAME

Mary Short

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 756.2

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Malnutrition

DUE TO

ANTECEDENT CAUSES

(B)

Hirschsprung's Disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

✓

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/6, 1953, to 9-28, 1953, that I last saw the  
deceased alive on 9/28, 1953, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Morgan

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9/29/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

9-30-1953

24C. NAME OF CEMETERY OR CREMATORY

East New Market Cemetery - East New Market, Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Le Compte Funeral Service

Cambridge, Maryland

SEP 29 1953



520  
53 8693 BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH Registered No. 53 8693

1. NAME OF DECEASED  
(Type or Print) *Julius Ziemski*

2. DATE OF DEATH *9-27-1953*

3. PLACE OF DEATH:  
Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE *Ind.* B. COUNTY

5. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Baltimore 26-11*

6. STREET ADDRESS (If rural, give location)  
*925 S. Clinton St.*

7. Length of stay in Baltimore  
Yrs. *50 yrs*  
Mos.   
Days

8. SEX *male*

9. COLOR OR RACE *white*

10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
*married*

11. DATE OF BIRTH  
*1-13-1876*

12. AGE (In years last birthday) *77*

13. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

14. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)  
*Guard*

15. JOB. KIND OF BUSINESS OR INDUSTRY  
*J. S. Young Co.*

16. BIRTHPLACE (State or foreign country)  
*Poland*

17. CITIZEN OF WHAT COUNTRY?  
*U.S. A*

18. FATHER'S NAME  
*Philip Ziemski*

19. MOTHER'S MAIDEN NAME  
*Mary Kowalski*

20. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)  
*no or unknown*

21. SOCIAL SECURITY NO.  
*215-09-4010*

22. INFORMANT  
*Stella Ziemski*

23. ADDRESS

24. CAUSE OF DEATH

25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
*Arteriosclerosis C.V. Disease*

26. ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
*None*

27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  
*None*

28. 19A. DATE OF OPERATION  
*None*

29. 19B. MAJOR FINDINGS OF OPERATION  
*None*

30. 20. AUTOPSY?  
YES ☐ NO ☒

31. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  
*None*

32. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
*None*

33. 21C. WHERE AND INJURY OCCURRED  
*None*

34. 21D. TIME (Month) (Day) (Year) (Hour)  
*None*

35. 21E. INJURY OCCURRED WHILE AT WORK ☐ OR AT WORK ☐

36. 21F. HOW DID INJURY OCCUR?  
*None*

37. 22. I hereby certify that I attended the deceased from *5-22-52*, 19*52*, to *9-27-53*, 19*53*, that I last saw the deceased alive on *9-27*, 19*53*, and that death occurred at *8:30* a.m., from the causes and on the date stated above.

38. 23A. SIGNATURE  
*E. G. Schminck*

39. 23B. ADDRESS  
*842 E. 4th Ave*

40. 23C. DATE SIGNED  
*9-29-53*

41. A. BURIAL, CREMATION, REMOVAL (Specify)  
*Burial*

42. 24B. DATE  
*9-30-1953*

43. 24C. NAME OF CEMETERY OR CREMATORY  
*Sacred Heart of Jesus*

44. 24D. LOCATION (City, town, or county) (State)  
*German Hill Rd*

45. DATE RECEIVED BY LOCAL REGISTRAR  
*SEP 29 1953*

46. REGISTRAR'S SIGNATURE  
*Huntington Williams*

47. 25. FUNERAL DIRECTOR  
*John J. Duda*

48. ADDRESS  
*2829 N. Sun St.*

VS 150

8093 52

IN CLINICAL CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

DATE

DECEASED

RESIDENT OF

AGE

SEX

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF BURIAL

DATE OF BURIAL

TIME OF BURIAL

PLACE OF INTERMENT

DATE OF INTERMENT

TIME OF INTERMENT

PLACE OF CREMATION

DATE OF CREMATION

TIME OF CREMATION

PLACE OF EXHUMATION

DATE OF EXHUMATION

TIME OF EXHUMATION

PLACE OF REINTERMENT

DATE OF REINTERMENT

DECEASED

RESIDENT OF

AGE

SEX

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF BURIAL

DATE OF BURIAL

TIME OF BURIAL

PLACE OF INTERMENT

DATE OF INTERMENT

TIME OF INTERMENT

PLACE OF CREMATION

DATE OF CREMATION

TIME OF CREMATION

PLACE OF EXHUMATION

DATE OF EXHUMATION

TIME OF EXHUMATION

PLACE OF REINTERMENT

DATE OF REINTERMENT



53 8694

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8694

Registered No.

TH NO.

NAME OF DECEASED  
(Last, first, and middle name or Print)

CRITES - Ralph Edward

2. DATE  
OF  
DEATH

9/29/53

PLACE OF DEATH:

Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
SPITAL OR  
STITUTIONUnion Memorial  
Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-06

D. STREET ADDRESS (If rural, give location)

12 E 21 St

Length of stay in Baltimore

unknown

Yrs.  
Mos.  
Days

SEX

male

6. COLOR OR RACE

white

7. SINGLE/MARRIED

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov 20-1910

9. AGE (In years last birthday)

42

If Under 1 Year

If Under 24 Hours

Months Days

Hours Min.

10. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)

machinist

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?

FATHER'S NAME

Boyd Crites

14. MOTHER'S MAIDEN NAME

Julia Strawdweman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

no or unknown

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Hospital records

18. 231X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Subdural Hematoma

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

20

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9/28, 1953, to 9/29, 1953, that I last saw the deceased alive on 9/29, 1953, and that death occurred at 0:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Wm. L. Hill

M. D.

23B. ADDRESS

Union Mem. Hosp.

23C. DATE SIGNED

9/29

A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

9/29/53

24C. NAME OF CEMETERY OR CREMATORY

Rest Haven Cem.

24D. LOCATION (City, town, or county)

Hanover, Pa.

(State)

TE RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Baltimore, Md.

25. FUNERAL DIRECTOR

ADDRESS

25th. J. Sickener &amp; Sons

Baltimore 17, Md.



53 8695

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8695

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LAURENCE R. WILSON

2. DATE  
OF  
DEATH

Sept. 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

610 University Pkwy

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

610 University Pkwy.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Sept. 19, 1882

9. AGE (in years

last birthday)

71

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sales Agt.

10B. KIND OF BUSINESS OR INDUSTRY

Hearing Aid

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

Alexander C. R. Wilson

14. MOTHER'S MAIDEN NAME

Laura E. Ray

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Donald W. Wilson-6410 Pinehurst Rd.

18.

451X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Ruptured abdominal aortal aneurism

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) arteriosclerosis

DUE TO

(C)

## II

OTHER SIGNIFICANT CONITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/28/53, 19, to 9/29/53, 19, that I last saw the  
deceased alive on 9/28/53, 19, and that death occurred at 5:15A m., from the causes and on the date stated above.

23A. SIGNATURE

Francis W. Lister

M. O.

23B. ADDRESS

100 W University Pkwy

23C. DATE SIGNED

9/24/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/1/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington W. Lister, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. Lickner &amp; Sons

SEP 29 1953

VS 150

4906U

Balt. 17, Md.

2003

31

2003

31

R-200

8696

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8696

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Irving S. Rose

2. DATE  
OF DEATH Sept. 27, 1953

PLACE OF DEATH:

Baltimore City, Maryland Baltimore, Md.

FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

3605 Labrynth Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

3605 Labrynth Rd.

Length of stay in Baltimore

32

Yrs.  
Mos.  
Days

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

May 11, 1894

9. AGE (In years  
last birthday)

59

If Under 1 Year  
Months: Days

4

16

If Under 24 Hours  
Hours: Min.10. USUAL OCCUPATION (Give kind of  
work during most of working life, even if retired)

Es. Ace Lumber Co.

10B. KIND OF BUSINESS OR  
INDUSTRY

Lumber Co

11. BIRTHPLACE (State or foreign country)

Chicago, Illinois

12. CITIZEN OF  
WHAT COUNTRY?

USA

FATHER'S NAME

Maurice Rose

14. MOTHER'S MAIDEN NAME

unknown

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

219-28-5515

17. INFORMANT

ADDRESS

Marie B. Rose 3605 Labrynth Rd

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

1 day

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 11/50, 1930, to 9/27, 1953, that I last saw the  
deceased alive on 9/27, 1953, and that death occurred at 11:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

M. D.

2320 Eutaw Rd

23C. DATE SIGNED

9/27/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

remation

24B. DATE

9-30-53

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

24D. LOCATION (City, town, or county)

Greenmount Ave

(State)

Md.

25. FUNERAL DIRECTOR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 30 1953

Huntington Williams, M.D.

David R. Martin, 1902 Eutaw Place

2013

13

RECEIVED  
FEB 13 2013

13





S-530

53 8697

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8697

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

AMBROSE SMITH

2. DATE  
OF  
DEATH

9-29-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

MERCY HOSPITAL

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

MERCY HOSPITAL INC.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 17 17-03

D. STREET ADDRESS (If rural, give location)

715 N. FREIGHT AVE.

c. Length of stay in Baltimore

67

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

1-7-1887

9. AGE (In years,  
last birthday)

67

If Under 1 Year  
Months: Days

8

If Under 24 Hours  
Hours: Min.

2

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

PORTER (RETD)

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

PENNSYLVANIA

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JAMES SMITH

14. MOTHER'S MAIDEN NAME

MARGARET WATERS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Nannie Smith Greencastle

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B)

Congestive Heart Failure

DUE TO

(C)

Chr. Cox. Pulmonale sec to  
Pulm. fibrosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-21, 1953, to 9-29, 1953, that I last saw the  
deceased alive on 9-29, 1953 and that death occurred at 3:20 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Stacito Hochoco

M. D.

23B. ADDRESS

23C. DATE SIGNED

9-29-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/2/53

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Greencastle

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

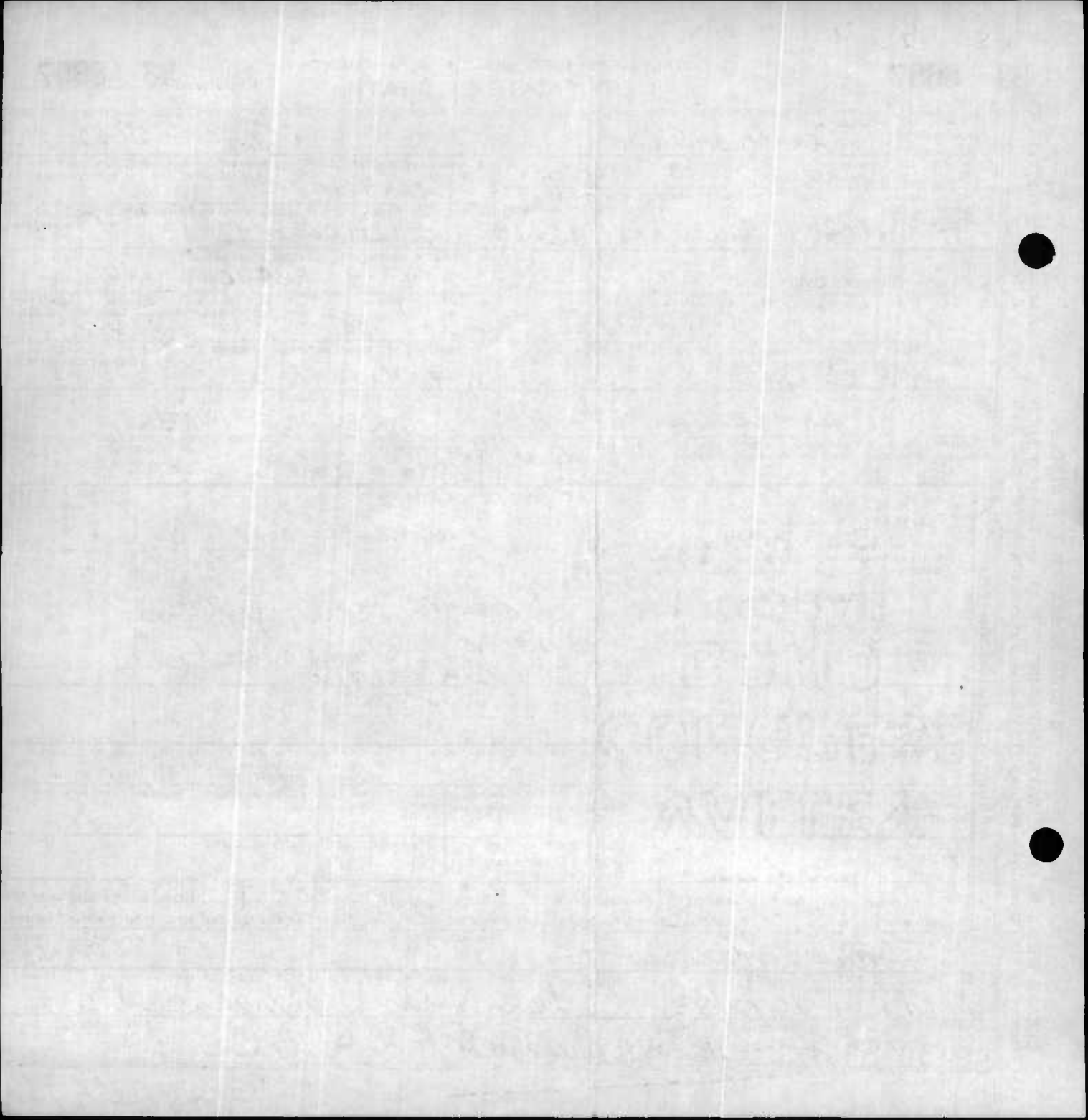
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

W. E. McNeill

Greencastle, Pa.



R-352

8698

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8698  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Stella Reding

2. DATE  
OF  
DEATH

9/28/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or  
location)HOSPITAL OR  
INSTITUTION

Mercy Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give  
township)

Baltimore

5354

D. STREET ADDRESS (If rural, give location)

307 Riverside Rd.

c. Length of stay in Baltimore

44

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9/27/97

9. AGE (In years  
last birthday)

56

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Reading, Pa.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Reigle

14. MOTHER'S MAIDEN NAME

Laura Humbert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Same

18. 204.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral Hemorrhage  
DUE TO

15 min.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Acute Myeloid Leukemia  
DUE TO

2 1/2 mo.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1953, to Sept 28, 1953, that I last saw the  
deceased alive on Sept 28, 1953, and that death occurred at 7:45 pm., from the causes and on the date stated above.

23A. SIGNATURE

J. T. Watsum

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

9/28/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 1, '53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, Inc. 715 Light St.

SEP 30 1953

VS 150

3078 22

3078 22

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 8699**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>THOMAS J. Grady ( O' GRADY )</b>			2. DATE OF DEATH <b>9-28-53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>2534 Aisquith Street</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 1, 1910</b>		9. AGE (in years last birthday) <b>42</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Taxicab Driver</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Baltimore Maryland</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Thomas J. O'Grady</b>			14. MOTHER'S MAIDEN NAME <b>Nora Rowland</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>212-09-6789</b>	17. INFORMANT <b>2534 Aisquith St. Mrs Sallie M. O'Grady</b>		

18. <b>E812.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Fracture of Skull</b> <b>(b) Contusion of Brain</b> <b>(c) Fracture of Femur</b> <b>(d) Pulmonary Fat Embolism</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>street</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Federal and Aisquith Streets 9/9</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>9-26-53 10:00 P.</b>		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>auto Pedestrian (taxicab driver) struck by</b>	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , <u>accident</u> <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>R. B. Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>9-28-53</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct. 1, 1953</b>	24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Maryland</b>
--	----------------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 30 1953</b>	REGISTRAR'S SIGNATURE <b>W. H. Sander</b>	25. FUNERAL DIRECTOR ADDRESS <b>Henry Sander &amp; Sons Inc. Baltimore Maryland</b>
--	--	--

V S 151

**N804.2**

**68254**

*Henry Sander*

G-630  
 530-8699  
 263  
 MARGIN RESERVED FOR BINDING  
 PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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B-655  
8700BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8700

IRTH NO.

NAME OF DECEASED (Type or Print) <b>VOROTHY BURMAN</b>		2. DATE OF DEATH <b>9-29-53</b>	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md</b> B. COUNTY	
FULL NAME OF (If not in hospital or institution, give street address or location) SPITAL OR STITUTION <b>5808 Narcissus Ave Baltimore</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>7-19</b>	
Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>5808 Narcissus Ave</b>	
SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>36</b>
9. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) <b>house wife</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, months, days) <b>36</b>
FATHER'S NAME <b>Michael Harris</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore Md</b>	12. CITIZEN OF WHAT COUNTRY?
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Joseph Burman - Son</b>
18. <b>216 X</b>		CAUSE OF DEATH <b>Cerebral Embolus</b>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		<b>Fibroid uterus</b> <b>(67th operation - cyst) 8/15/1953</b>	
19A. DATE OF OPERATION <b>9/28/53</b>		19B. MAJOR FINDINGS OF OPERATION <b>rebarous cyst from face</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10/15</b> , 19 <b>50</b> , to <b>7/29</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>9/29</b> , 19 <b>53</b> , and that death occurred at <b>8:00</b> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <b>223 Jintu</b>		23B. ADDRESS <b>2320 Eutaw Rd</b>	
23C. DATE SIGNED <b>9/29/53</b>			
24A. NAME OF CEMETERY OR CREMATORY <b>Beth Isaac</b>		24B. LOCATION (City, town, or county) (State) <b>Balto Md</b>	
24C. DATE <b>9-30-53</b>			
24D. NAME OF CEMETERY OR CREMATORY <b>Huntington</b>		24E. FUNERAL DIRECTOR <b>2100 Eutaw Rd</b>	
24F. DATE RECEIVED BY <b>SEP 30 1953</b>		24G. REGISTRAR'S SIGNATURE <b>Huntington</b>	

Zurberg

53 8701

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8701  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY ROFF

2. DATE  
OF  
DEATH

9-29-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2911 WALBROOK AVE

C. CITY OR TOWN (If outside corporate limits, write rural and give township)

BALTO.

D. STREET ADDRESS (If rural, give location)

2911 WALBROOK AVE

c. Length of stay in Baltimore

45

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

63

10. Under 1 Year

11. Under 24 Hours

10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSE WORK

10b. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

NOT KNOWN

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MILTON ROFF - 2911 WALBROOK AVE

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma recto sigmoid colon

1952

DUE TO with generalized metastases  
to lung, spine

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

none

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21b. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to Sept 29, 1953, that I last saw the  
deceased alive on Sept 29, 1953, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE

W. L. Loman

23b. ADDRESS

4843 B. H. Heights Ave

23c. DATE SIGNED

9-29-53

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

9-30-1953

24c. NAME OF CEMETERY OR CREMATORY

Prosedele

24d. LOCATION (City, town, or county)

BALTO.

(State)

MD

DATE RECEIVED BY  
LOCAL REGISTRAR

Huntington, Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc - 2100 Eutaw Pl.

SEP 30 1953

4843 PK HTS

1078 32

T-250

3 8702

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8702

TH NO.

NAME OF DECEASED  
(Please Print)

Katherine Jochheim

2. DATE  
OF  
DEATH Sept. 27, 1953PLACE OF DEATH:  
Baltimore City, MarylandFULL NAME OF  
HOSPITAL OR  
INSTITUTION  
(If not in hospital or institution, give street address or location)

1304 East Lafayette Ave.

Length of stay in Baltimore  
Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1304 East Lafayette St.

SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 19, 1875

9. AGE (in years  
last birthday)

78

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.1. USUAL OCCUPATION (Give kind of  
work during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR  
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Baltimore MD.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

FATHER'S NAME

Adolph Jochheim

14. MOTHER'S MAIDEN NAME

Sophia Kohler

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

MRS SOPHIA LANDON 1304 E. Lafayette

18. 42011

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1939 to 9-27, 1953, that I last saw the  
deceased alive on 9-26, 1953 and that death occurred at 9:15 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept. 30, 1953

Loudon Park Cemetery Baltimore Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 30 1953

Huntington Williams, M.D.

Henry Sander &amp; Sons Inc.

VS 150

Baltimore Maryland

Seymour Sander

CERTIFICATE OF DEATH

IN THE CITY OF NEW YORK

1900

1900





-320  
8703CERTIFICATE CORRECTED 10/16/53 ES  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8703

RTH NO.

NAME OF DECEASED  
(Type or Print)

Alma V. Seets

2. DATE  
OF  
DEATH

9/29/53

PLACE OF DEATH:  
Baltimore City, MarylandFULL NAME OF  
(If not in hospital or institution, give street address or  
OSPITAL OR location)  
INSTITUTION

Univ. Hosp.

Length of stay in Baltimore

18

Yrs.  
Mos.  
Days

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

6/8/35

9. AGE (In years  
last birthday)

18

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10a. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)10b. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

56.4 and 688.3

CAUSE OF DEATH

INTESTINAL OBSTRUCTION

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Puerperal state — 11 days postpartum

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 9/22/53, 19, to 9/29, 1953, that I last saw the  
deceased alive on 9/29, 1953, and that death occurred at 2:20 P. M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 30 1953

VS 150

3906 V

8072 See directive in Document File from

Dr. G. R. Brinkley, Jr.,  
Dept. of Obstetrics,  
University of Md., School of Medicine.

-520  
8704

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8704  
Registered No.

1. NAME OF DECEASED (Last, first, middle name or Print)		2. DATE OF DEATH	
Lee Thomas		Sept. 28, 1953	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)		B. COUNTY	
Bar. Wal. - Ba Home 2101 W. Cold Spring La.		md	
6. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write U.S.A. and give township)	
Yrs. Mos. Days		Baltimore 16-02	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		D. STREET ADDRESS (If rural, give location)	
W.		1426 W. Mosher St	
8. SEX	9. AGE (In years last birthday)	10. DATE OF BIRTH	11. BIRTHPLACE (State or foreign country)
M.	76	1877	Pearl County, ARK.
12. CITIZEN OF WHAT COUNTRY?	13. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	14. MOTHER'S MAIDEN NAME	15. FATHER'S NAME
U.S.A.	Suburban	Ellen Vanderbilt	Mr. Unknown
16. SOCIAL SECURITY NO.	17. INFORMANT	18. ADDRESS	
	Records		

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) <del>Due to</del> Hemiplegia, left		77	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Cardiac Vascular Disease			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 1950 to Sept. 28, 1953 that I last saw the deceased alive on Sept. 25, 1953, and that death occurred at 6:30 a.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
H. H. Johnson		403 Med. Arts Bldg.		9.28.53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		9/30/53		Mt. Auburn	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore, Md.		Charles A. Rice		661 W. Barre St	
25. RECEIVED BY CAL REGISTRAR		REGISTRAR'S SIGNATURE		26. DATE	
SEP 30 1953		Huntington Williams			

1072

10

THE UNIVERSITY OF CHICAGO  
LIBRARY

1072

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8705**B-635  
171711  
53 8705

1. NAME OF DECEASED (Type or Print) <b>Mary Barton</b>			2. DATE OF DEATH <b>9-10-1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>411 Bower Alley</b> <b>12-05</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>May 10, 1914</b>	9. AGE (In years last birthday) <b>39</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Virginia</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Christopher Dixon</b>			14. MOTHER'S MAIDEN NAME <b>Priscilla Sydnor</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>B.C.H. 4940 Eastern Ave. (records)</b>		
18. <b>170x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of Left Breast</b> <b>Metastasis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs.</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>9-10-53</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>6-30-</b> , 1953, to <b>9-10-</b> , 1953 that I last saw the deceased alive on <b>9-10-</b> , 1953, and that death occurred at <b>7:45 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. Williams</i>		23B. ADDRESS <b>4940 Eastern Avenue</b>		23C. DATE SIGNED <b>9-10-1953</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>9/30/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR <b>Huntington, Williams, &amp; Co.</b>		ADDRESS <b>66 W. B. Ave.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 30 1953</b>		REGISTRAR'S SIGNATURE <i>Huntington, Williams, &amp; Co.</i>		25. FUNERAL DIRECTOR ADDRESS <b>66 W. B. Ave.</b>	

W. W. W.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-520  
53 8706  
JL 174976

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8706

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Frances Ehlen Bunch</b>		2. DATE OF DEATH <b>9-29-53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals 4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Cockeysville</b>	
c. Length of stay in Baltimore <b>?</b>		D. STREET ADDRESS (If rural, give location) <b>Baltimore Co., Md. 5300</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 27, 1917</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>36</b>
13. FATHER'S NAME <b>Frank Ehlen</b>		11. BIRTHPLACE (State or foreign country) <b>Md.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <b>Md.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Marie Parker</b>	
17. INFORMANT <b>B. C. H. Records, 4940 Eastern Ave.</b>		ADDRESS <b>4940 Eastern Ave.</b>	
18. <b>080.0</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Anterior Poliomyelitis, Bulbo-spinal Acute</b> INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>✓</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>9-24-53</b> , 19__, to <b>9-29-53</b> , 19__, that I last saw the deceased alive on <b>9-29-53</b> 19__, and that death occurred at <b>7:40AM</b> from the causes and on the date stated above.			
23A. SIGNATURE <b>H. J. H. H. H.</b>		23B. ADDRESS <b>4940 Eastern Ave.</b>	
23C. DATE SIGNED <b>9-29-53</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 1, 1953</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 30 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington</b>	
25. FUNERAL DIRECTOR <b>W. H. H. H.</b>		ADDRESS <b>805 N. Calvert St.</b>	

Spending

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1957

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*(Faint, illegible text)*

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B-230

53 8707

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8707  
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Minnie Best</u>			2. DATE OF DEATH <u>Sept 29th 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1923 W Laneside</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <u>MD.</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>1923 W Laneside</u>			C. CITY OR TOWN (If outside corporate limits, write full name, and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>14 yrs</u>			D. STREET ADDRESS (If rural, give location) <u>1923 W Laneside St</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>Col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Sept 17th 1889</u>	9. AGE (In years last birthday) <u>62</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>Wilson N.C.</u>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>General Best</u>			14. MOTHER'S MAIDEN NAME <u>Seabella Bynum</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Hattie Logins</u>			ADDRESS		

18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH <u>1923 W Laneside</u> <u>Cerebral Hemorrhage</u>	INTERVAL BETWEEN ONSET AND DEATH <u>84</u> <u>1 hr.</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) <u>Hypertensive Cardiovascular</u> DUE TO (B) <u>Diabetes</u> DUE TO (C)	<u>1 yr.</u>

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>0</u>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept. 24, 1952</u> , to <u>Sept. 29, 1953</u> , that I last saw the deceased alive on <u>Sept 29, 1953</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Frank L. Culpepper</u>	23B. ADDRESS <u>558 McManis St</u>	23C. DATE SIGNED <u>9/29/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Sept 30th 1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Wilson's N.C.</u>	24D. LOCATION (City, town, or county) (State) <u>N.C.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 30 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>Oliver O Wilson</u> <u>1000 Kerantley Ave</u>	

1. Name of deceased  
 2. Sex  
 3. Age  
 4. Date of birth  
 5. Place of birth  
 6. Date of death  
 7. Place of death  
 8. Cause of death  
 9. Date of burial  
 10. Place of burial  
 11. Name of funeral home  
 12. Name of physician  
 13. Name of coroner  
 14. Name of registrar  
 15. Name of undertaker  
 16. Name of cemetery  
 17. Name of church  
 18. Name of family  
 19. Name of friends  
 20. Name of neighbors  
 21. Name of community  
 22. Name of country  
 23. Name of world  
 24. Name of universe  
 25. Name of everything

# BIRMINGHAM CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.   
 100

1. Name of deceased JAMES EARL RAY		2. Sex Male	
3. Age 35		4. Date of birth May 19, 1928	
5. Place of birth Jackson, Mississippi		6. Date of death May 2, 1968	
7. Place of death Memphis, Tennessee		8. Cause of death Gunshot wound	
9. Date of burial May 4, 1968		10. Place of burial Memphis, Tennessee	
11. Name of funeral home Ray, James Earl		12. Name of physician Dr. J. Edgar Hoover	
13. Name of coroner Dr. J. Edgar Hoover		14. Name of registrar Dr. J. Edgar Hoover	
15. Name of undertaker Dr. J. Edgar Hoover		16. Name of cemetery Dr. J. Edgar Hoover	
17. Name of church Dr. J. Edgar Hoover		18. Name of family Dr. J. Edgar Hoover	
19. Name of friends Dr. J. Edgar Hoover		20. Name of neighbors Dr. J. Edgar Hoover	
21. Name of community Dr. J. Edgar Hoover		22. Name of country Dr. J. Edgar Hoover	
23. Name of world Dr. J. Edgar Hoover		24. Name of universe Dr. J. Edgar Hoover	
25. Name of everything Dr. J. Edgar Hoover			

## CAUSE OF DEATH

1. Name of deceased JAMES EARL RAY		2. Sex Male	
3. Age 35		4. Date of birth May 19, 1928	
5. Place of birth Jackson, Mississippi		6. Date of death May 2, 1968	
7. Place of death Memphis, Tennessee		8. Cause of death Gunshot wound	
9. Date of burial May 4, 1968		10. Place of burial Memphis, Tennessee	
11. Name of funeral home Ray, James Earl		12. Name of physician Dr. J. Edgar Hoover	
13. Name of coroner Dr. J. Edgar Hoover		14. Name of registrar Dr. J. Edgar Hoover	
15. Name of undertaker Dr. J. Edgar Hoover		16. Name of cemetery Dr. J. Edgar Hoover	
17. Name of church Dr. J. Edgar Hoover		18. Name of family Dr. J. Edgar Hoover	
19. Name of friends Dr. J. Edgar Hoover		20. Name of neighbors Dr. J. Edgar Hoover	
21. Name of community Dr. J. Edgar Hoover		22. Name of country Dr. J. Edgar Hoover	
23. Name of world Dr. J. Edgar Hoover		24. Name of universe Dr. J. Edgar Hoover	
25. Name of everything Dr. J. Edgar Hoover			

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 8708

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)JOHN W. GEE2. DATE  
OF  
DEATH9/27/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY before admission)MARYLANDB. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION1612 W. LANVALE STREETC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)BALTIMORE

D. STREET ADDRESS (If rural, give location)

1612 W. LANVALE STREET

c. Length of stay in Baltimore

3 YRS

5. SEX

M

6. COLOR OR RACE

C7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)M

8. DATE OF BIRTH

1/12/18719. AGE (In years  
last birthday)82If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)FARMER10B. KIND OF BUSINESS OR  
INDUSTRYAGRICULTURE

11. BIRTHPLACE (State or foreign country)

FORD, VA.12. CITIZEN OF  
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

SCOTT GEE

14. MOTHER'S MAIDEN NAME

SOPHIA BELL15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)NO16. SOCIAL  
SECURITY NO.NONENONE

17. INFORMANT

Booker Lee (S)

ADDRESS

1612 LANVALE ST.18. 490x

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Lobar Pneumonia1 Wk

DUE TO

ANTECEDENT CAUSES

(B)

Arterio-Sclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 18, 1953, to Sept 27, 1953, that I last saw the  
deceased alive on Sept 26, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

McDonald Bando

23B. ADDRESS

2445 Howard Hill Ave

23C. DATE SIGNED

9/29/5324A. BURIAL, CREMA-  
TION, REMOVAL (Specify)BURIAL

24B. DATE

10/1/53

24C. NAME OF CEMETERY OR CREMATORY

MT. POOL BAPTIST CEM. FORD, VA.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Has Cooper

ADDRESS

512 Carrollton Av.

33 8708

33 8708

CHARTER

1000 E. 10th Street

WILLIAM

1000 E. 10th Street

8th

1000 E. 10th Street

7

1000 E. 10th Street

1000 E. 10th Street

1000 E. 10th Street

1000 E. 10th Street

1000 E. 10th Street

1000 E. 10th Street

1000 E. 10th Street

1000 E. 10th Street

1000 E. 10th Street

1000 E. 10th Street

1000 E. 10th Street



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8709**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)*See James A Costen*2. DATE  
OF  
DEATH*September 28, 1953*3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
A. STATE *md.*  
B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Baltimore 16-03*c. Length of stay in Baltimore *20 YRS*  
Yrs. Mos. DaysD. STREET ADDRESS (If rural, give location)  
*1600 W. Sanborn St.*

5. SEX

*male*

6. COLOR OR RACE

*Colored*7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
*MARRIED*

8. DATE OF BIRTH

*AUG. 12, 1910*

9. AGE (In years last birthday)

*43*

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*PACKER*

10B. KIND OF BUSINESS OR INDUSTRY

*SAUSAGE CO.*

11. BIRTHPLACE (State or foreign country)

*EXMORE, VA.*

12. CITIZEN OF WHAT COUNTRY?

*U.S.A.*

13. FATHER'S NAME

*MAJOR COSTEN*

14. MOTHER'S MAIDEN NAME

*ALVERTA ASHBY*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*NO**NO*

16. SOCIAL SECURITY NO.

*229-10-2714*

17. INFORMANT

ADDRESS

*JOHNS HOPKINS HOSPITAL*18. *163X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

*Carcinoma of Lung*

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-9*, 19*53*, to *9-28*, 19*53*, that I last saw the deceased alive on *9-29*, 19*53*, and that death occurred at *4:50* p. m., from the causes and on the date stated above.

23A. SIGNATURE

*W. E. Martin*

M. D.

23B. ADDRESS

*JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED

*9-28-53*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*BURIAL*

24B. DATE

*10/3/53*

24C. NAME OF CEMETERY OR CREMATORY

*ARBUTUS MEM'L PK*

24D. LOCATION (City, town, or county)

*BAITO. COUNTY, MD.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*W. E. Martin*

ADDRESS

*SEP 30 1953*

VS 150

*69040-512 Convent Ave*

078 37

078 37



AB-171470  
53 B-424  
8710BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8710  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>William Blossl</b>		2. DATE OF DEATH <b>9-29-1953</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>2-01</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>61yrs</b>		D. STREET ADDRESS (If rural, give location) <b>2020 E. Lombard St. zone 31</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 17-1861</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Driver Lumber Co</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	9. AGE (in years last birthday) <b>91</b>
11. BIRTHPLACE (State or foreign country) <b>Austria</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>?</b>		14. MOTHER'S MAIDEN NAME <b>?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>4940 Eastern Ave</b>		ADDRESS <b>Records: Baltimore City Hospitals</b>	

18. <b>600.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Chronic Pyelonephritis</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Left Hydronephrosis</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <b>9-29-1953</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>6-22-</b> , 19 <b>53</b> to <b>9-29-</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>9-29-</b> , 19 <b>53</b> , and that death occurred at <b>5.30AM</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>H. J. Johnston</b>	23B. ADDRESS <b>4940 Eastern Ave., Baltimore, Md.</b>	23C. DATE SIGNED <b>9-29-1953</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct 2, 1953</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cemetery</b>
24D. LOCATION (City, town, or county) (State) <b>4430 Belair Road Md.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 30 1953</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Duffel Bros 1800 E LOMBARD ST.</b>

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

October 1, 1980

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 8711**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Ross, Margaret*

2. DATE  
OF  
DEATH

*Sept. 29, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

*University Hospital*

C. CITY OR TOWN (If outside corporate limits, write full name and give township)  
*Md. Baltimore City*

D. STREET ADDRESS (If rural, give location)

*746 Pennsylvania Ave.*

C. Length of stay in Baltimore

*Life*

Yrs.  
Mos.  
Days

5. SEX

*F*

6. COLOR OR RACE

*C*

7. SINGLE, MARRIED,

*WIDOWED* DIVORCED (Specify)

8. DATE OF BIRTH

*1-25-10*

9. AGE (In years last birthday)

*43*

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Charwoman*

10B. KIND OF BUSINESS OR INDUSTRY

*Mumuch Rubber Co.*

11. BIRTHPLACE (State or foreign country)

*Maryland*

12. CITIZEN OF WHAT COUNTRY?

*U.S.*

13. FATHER'S NAME

*Isaiah Crapper*

14. MOTHER'S MAIDEN NAME

*Lucy?*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*NO*

16. SOCIAL SECURITY NO.

17. INFORMANT

*Self*

ADDRESS

18. *E 916.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Pulmonary Embolism*

*? minutes*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Thrombophlebitis, leg Veins -*  
*I.V. influenza - Rt. 2° +*  
(C) *3° Burns*

*? 4 days*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**CERTIFICATION APPROVED BY**  
*William H. [Signature]*  
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

*None*

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

*Home*

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

*746 Pennsylvania Ave. 1711*

21D TIME (Month) (Day) (Year) (Hour) OF INJURY

*About 4-5 P.M. on 9-24-53 m.*

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? *PH. throw*

*Coal oil on "burning out" stove fire - explosion -*

22. I hereby certify that I attended the deceased from *Sept 24, 1953* to *Sept 29, 1953*, that I last saw the deceased alive on *Sept 29, 1953*, and that death occurred at *5:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

*H. H. [Signature]*

M. O.

23B. ADDRESS

*University Hosp.*

23C. DATE SIGNED

*9-29-53*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*BURIAL*

24B. DATE

*10-1-53*

24C. NAME OF CEMETERY OR CREMATORY

*MT. AUBURN CEM.*

24D. LOCATION (City, town, or county)

*BALTIMORE*

(State)

*Md.*

DATE RECEIVED BY LOCAL REGISTRAR

*SEP 30 1953*

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*William A. Jackson*

ADDRESS

*916 Penna*

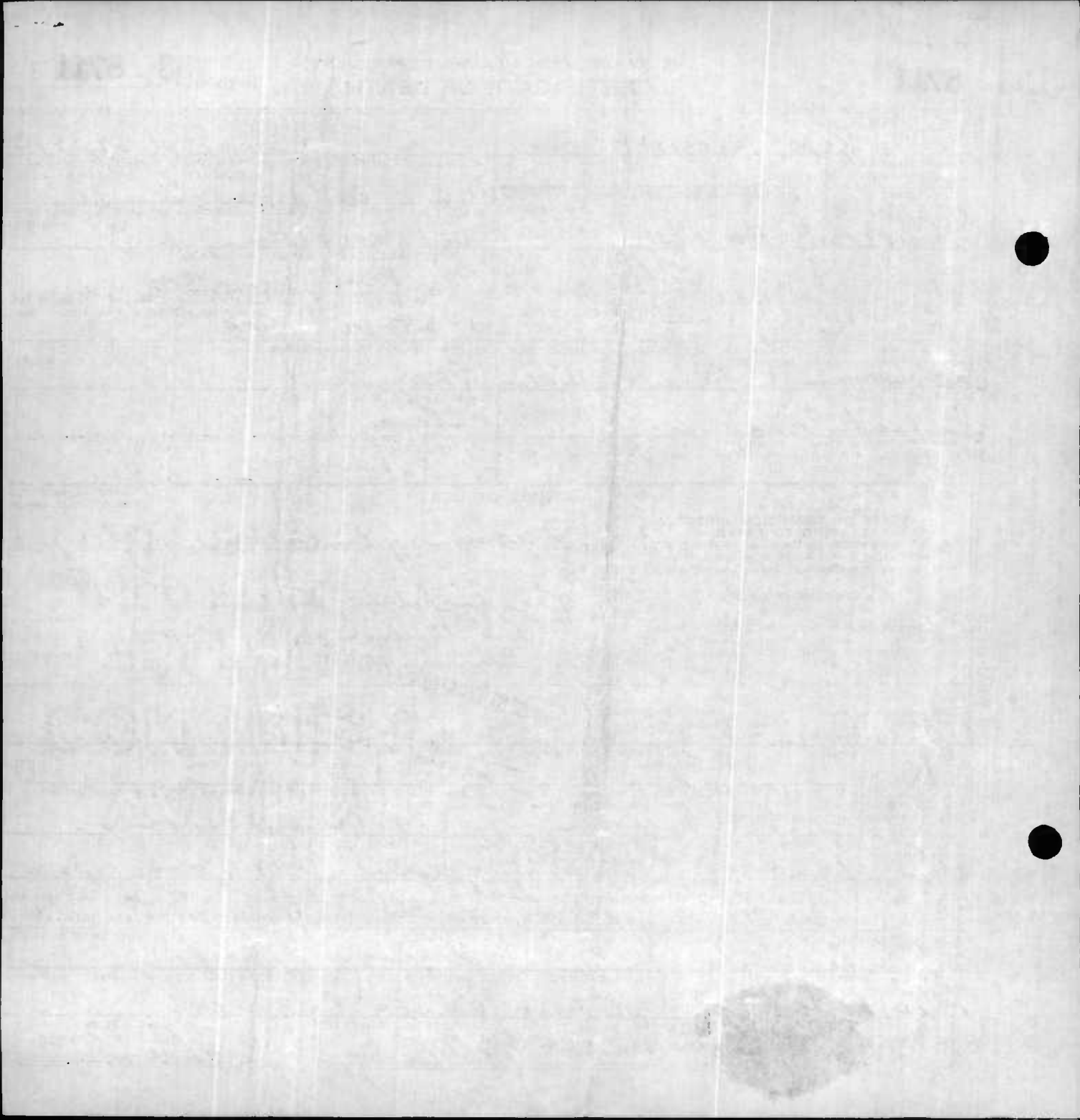
VS 150

*N949.2*

*7534U*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





1-200

8712

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8712  
Registered No.

TH NO.

NAME OF DECEASED  
(Last name or Print)

Janet Moog

2. DATE  
OF  
DEATH

September 29, 53

PLACE OF DEATH:

Baltimore City, Maryland 1603 Cold Spring Lane

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE

Md

B. COUNTY

Baltimore

FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

1603 Cold Spring Lane

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

Length of stay in Baltimore Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

9100 Old Harford Rd.

5355

5. SEX

W

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Widow

8. DATE OF BIRTH

Aug. 19

9. AGE (In years last birthday)

69

If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.

10. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

FATHER'S NAME

? Wooden

14. MOTHER'S MAIDEN NAME

Unknown

WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS Lane

Cath. Willman 1603 E. Cold Spring

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Carcinoma of Stomach

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1951, to Apr 29, 1953, that I last saw the deceased alive on Sep 28, 1953, and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE

George Rawyer

M. O.

23B. ADDRESS

4808 Harford Rd.

23C. DATE SIGNED

9/29/53

24. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 1, 53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

25. FUNERAL RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

EP 301953 Huntington Williams, M.D.

Paul A. Hagemann 6067 Harford Rd.

8452 127

8452



53 8713

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8713

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Charles Davenport

2. DATE  
OF DEATH

9-25-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE

Where deceased lived. If institution: residence before admission)

A. STATE  
Maryland

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTIONBaltimore City Hospitals  
4940 Eastern Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS

(If rural, give location)

1434 Harford Ave

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

Single

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9-14-1903

9. AGE (in years)

50

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY

Kirk Lee Co.

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF

U.S.A.

13. FATHER'S NAME

James Davenport

14. MOTHER'S MAIDEN NAME

Amanda Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B.C.H. 4940 Eastern Avenue (records)

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

## ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-29-1953, to 9-25-1953, that I last saw the deceased alive on 9-25-1953, and that death occurred at 5:40 PM, from the causes and on the date stated above.

23A. SIGNATURE

H. J. Davenport

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

9-25-1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/30/53

24C. NAME OF CEMETERY OR CREMATORY

Arlington Memorial Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 30 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. H. G. Jones

ADDRESS

176 W. Chestnut St

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

1991

•

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered 53 8714

BIRTH NO. 8714

1. NAME OF DECEASED  
(Type or Print)

Anna Dalton

2. DATE  
OF  
DEATH

Sept-28-1953

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Md

HARFORD

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Aberdeen

D. STREET ADDRESS (If rural, give location)

Rt 1

6200

c. Length of stay in Baltimore

3 WEEKS

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10 Under 1 Year

11 Under 24 Hours

Female

white

Divorced

3-1-19

34

Months

Days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

HOUSEWIFE

HOME

BALTIMORE, MD

U.S.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Pete Kowalaski

Josephine LEGACHINSKI

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT HOPKINS HOSPITAL ADDRESS

18. 002X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

pulmonary Tuberculosis

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## CERTIFICATION APPROVED BY

William G. Smith M.D.

CHIEF OR ASST. MEDICAL EXAMINER

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

n.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept-28, 1953, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on Oct 1, 19\_\_\_\_, and that death occurred at 2:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

James V. Maloney Jr. M.D.

JOHNS HOPKINS HOSPITAL

9/28/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

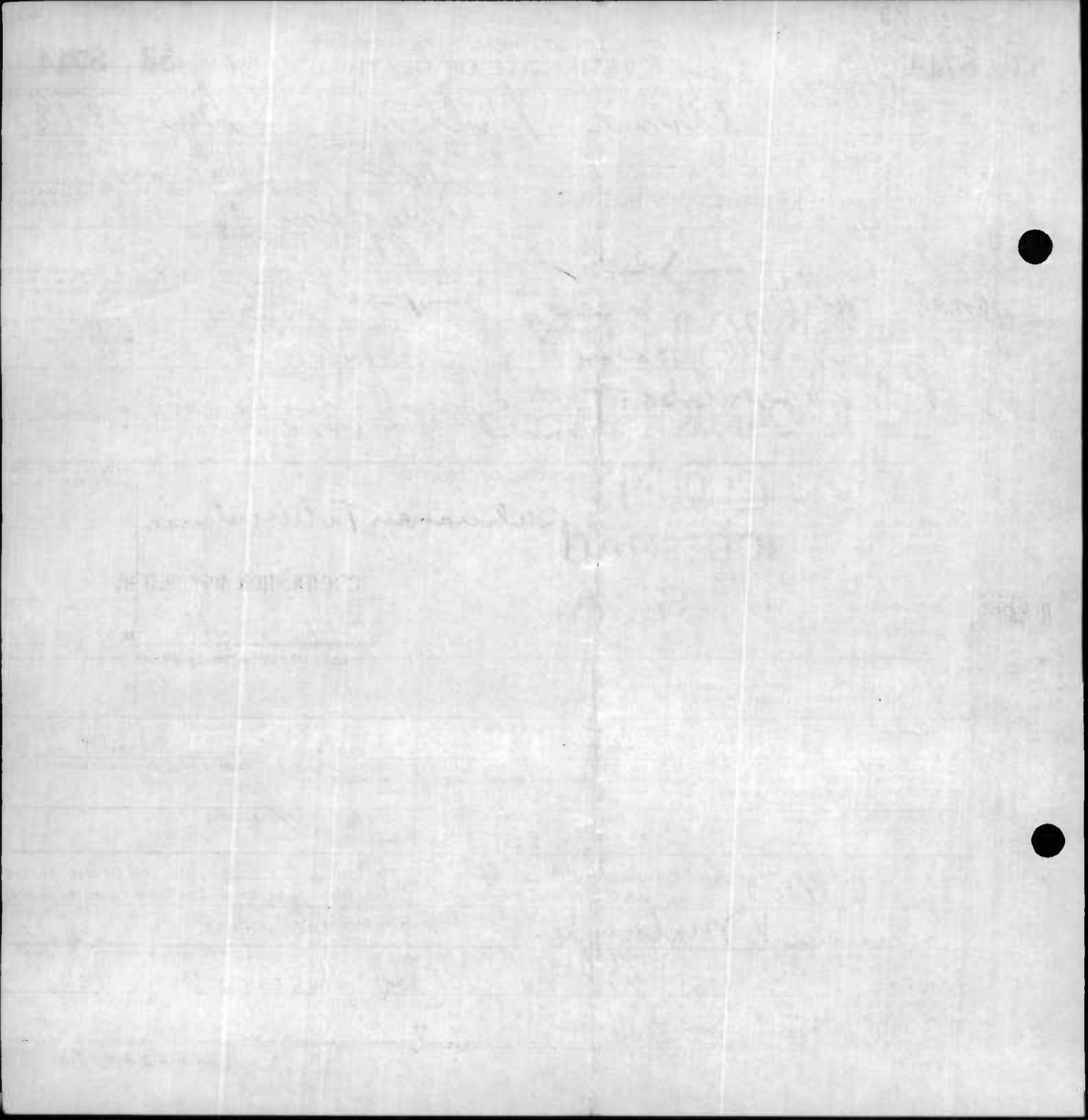
25. FUNERAL DIRECTOR

ADDRESS

SEP 30 1953

Huntington Williams, M.D.

18. H. McComas &amp; SON





-326  
8715

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered 53. 8715

|  |                               |   |                                     |
|--|-------------------------------|---|-------------------------------------|
| 1. NAME OF DECEASED<br>(Please Print) <b>GEORGE HEIDECKER</b>  |                               | 2. DATE OF DEATH <b>Sept. 28. 53</b>  |                                     |
| 3. PLACE OF DEATH:<br><b>Baltimore City, Maryland Balt. Md.</b>  |                               | 4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY <b>Baltimore</b> |                                     |
| 5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><b>Lutheran Hospital of Maryland</b>  |                               | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>  |                                     |
| 6. LENGTH OF STAY IN BALTIMORE<br><b>51 yrs.</b>   |                               | D. STREET ADDRESS (If rural, give location)<br><b>3015 Westwood Ave. 16 #</b>   |                                     |
| 7. SEX<br><b>m.</b>  | 8. COLOR OR RACE<br><b>w.</b> | 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>m.</b>  | 10. DATE OF BIRTH<br><b>3/22/85</b> |
| 11. USUAL OCCUPATION (Give kind of one during most of working life, even if retired)<br><b>Cabinet maker</b>   |                               | 12. AGE (in years last birthday)<br><b>68</b>   |                                     |
| 13. FATHER'S NAME<br><b>Harry Heidecker</b>  |                               | 14. BIRTHPLACE (State or foreign country)<br><b>Hungary</b>   |                                     |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><b>no or unknown</b>  |                               | 16. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>   |                                     |
| 17. SOCIAL SECURITY NO.<br><b>219-01-2228</b>  |                               | 18. MOTHER'S MAIDEN NAME<br><b>Rose Kemm</b>  |                                     |
| 19. INFORMANT<br><b>Anna Heidecker - wife</b>  |                               | 20. ADDRESS<br><b>same</b>  |                                     |
| 21. CAUSE OF DEATH<br><b>443X</b>  |                               | 22. INTERVAL BETWEEN ONSET AND DEATH<br><b>4 days</b>   |                                     |
| 23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Pneumonia</b>  |                               | 24. DUE TO<br><b>(A)</b>  |                                     |
| 25. ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>H. High Hypertensive Heart disease &amp; Failure</b>  |                               | 26. DUE TO<br><b>(B)</b>  |                                     |
| 27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                               | 28. DUE TO<br><b>(C)</b>  |                                     |
| 29. DATE OF OPERATION<br><b>0</b>  |                               | 30. MAJOR FINDINGS OF OPERATION   |                                     |
| 31. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                               |   |                                     |
| 32. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH<br><input type="checkbox"/>  |                               | 33. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |                                     |
| 34. 21C. WHERE DID INJURY OCCUR?<br>(If in Baltimore City, give exact location)  |                               | 35. 21D. HOW DID INJURY OCCUR?  |                                     |
| 36. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                               | 37. 21F. HOW DID INJURY OCCUR?  |                                     |
| 38. I hereby certify that I attended the deceased from <b>Sept 25</b> , 19 <b>53</b> , to <b>Sept 28</b> , 19 <b>53</b> that I last saw the deceased alive on <b>Sept 28</b> , 19 <b>53</b> and that death occurred at <b>7:10</b> m., from the causes and on the date stated above. |                               |   |                                     |
| 39. 23A. SIGNATURE<br><b>Thos. O'Chau</b>  |                               | 40. 23B. ADDRESS<br><b>Lutheran Hospital</b>  |                                     |
| 41. 23C. DATE SIGNED<br><b>Sept 28 53</b>  |                               | 42. 23D. NAME OF CEMETERY OR CREMATORY<br><b>London Park Cemetery</b>   |                                     |
| 43. 23E. LOCATION (City, town, or county)<br><b>Balto. Md.</b>   |                               | 44. 23F. STATE<br><b>(State)</b>  |                                     |
| 45. 24A. DATE<br><b>10/2/53</b>  |                               | 46. 24B. NAME OF CEMETERY OR CREMATORY<br><b>London Park Cemetery</b>   |                                     |
| 47. 24C. LOCATION (City, town, or county)<br><b>Balto. Md.</b>   |                               | 48. 24D. STATE<br><b>(State)</b>  |                                     |
| 49. 25. FUNERAL DIRECTOR<br><b>Huntington Williams</b>   |                               | 50. ADDRESS<br><b>5056 U 4204 Leeds Ave Balto - 29 - Md.</b>  |                                     |
| 51. VS 150   |                               |   |                                     |



CERTIFICATE AMENDED 10/9/53 ES

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8716

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

RUBY PEARL LYONS

2. DATE  
OF  
DEATH

Sept. 29, 1953

3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Hospital for Women of Maryland

C. CITY OR TOWN (If outside corporate limits, write FULL and give  
township)

BALTIMORE

c. Length of stay in Baltimore

1 yr

D. STREET ADDRESS (If rural, give location)

1200 CATHEDRAL ST.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

4-24-33

9. AGE (In years  
last birthday)

20

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Assembly

10B. KIND OF BUSINESS OR  
INDUSTRY

EAST. KUSTION PLIND

11. BIRTHPLACE (State or foreign country)

Glen Rogers W. Va.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Roy LYONS

14. MOTHER'S MAIDEN NAME

Blanche DUNCAN M<sup>C</sup> Coy15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or date of service)

No

16. SOCIAL  
SECURITY NO.

235-52-0065

17. INFORMANT

PATIENT

ADDRESS

18.

053.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Overwhelming septicemia  
(staphylococcus)  
DUE TO with shockINTERVAL BETWEEN  
ONSET AND DEATH

32 hours

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Throat infection, organism  
undetermined  
DUE TO  
(C) Post op appendectomy

56 hours

104 hours

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Post op appendectomy

104 hrs

19A. DATE OF OPERATION

9/24/53

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

Acute APPENDICITIS

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)

No

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

—

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/24, 1953, to 9/29, 1953, that I last saw the  
deceased alive on 9/29, 1953, and that death occurred at 7<sup>55</sup> pm., from the causes and on the date stated above.

23A. SIGNATURE

Helene C. Bruckman

M. D.

23B. ADDRESS

Women's Hospital

23C. DATE SIGNED

9/29/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

Sept 30 1953

24C. NAME OF CEMETERY OR CREMATORY

Mullens, W. Va.

24D. LOCATION (City, town, or county)

Mullens, W. Virginia

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

SEP 30 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sof. Levine + Bros - 1124-26 W.

ADDRESS

North Avenue

Memo in Document file re code

Handwritten PM  
Handwritten

Code as

053.1

H-320  
53 8717BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHX 53 8717  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

MR. NEVIN HITESHEW

2. DATE  
OF  
DEATH

9/30/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Memorial Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 6, 1871

9. AGE (In years  
last birthday)

81

11 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.10. USUAL OCCUPATION (Give kind of  
occupation during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

America

FATHER'S NAME

William Hiteshew

14. MOTHER'S MAIDEN NAME

Lucy Schweigart

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

Unknown

16. SOCIAL  
SECURITY NO.17. INFORMANT  
Mrs. Beatrice Duke 10306 Pines Drive  
Schwartzburg, Md.

18. 420.0 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)(A) uremia  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CAUTION LAST.(B) arteriosclerotic heart disease  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 23, 1953 to Sept. 30, 1953, that I last saw the  
deceased alive on Sept. 30, 1953, and that death occurred at 10:50 Am., from the causes and on the date stated above.

23A. SIGNATURE

Hugh M. Brown M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

9/30/53

A. BURIAL, CREMA-  
N. REMOVAL (Specify)

20B. DATE

Oct 1-53

24C. NAME OF CEMETERY OR CREMATORY

Luthern Cem.

24D. LOCATION (City, town, or county) (State)

Uniontown Md.

TE RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25 FUNERAL DIRECTOR

C. F. Jones Taneytown Md

WMB

20

UNITED STATES DEPARTMENT OF THE ARMY  
HEADQUARTERS, WASHINGTON, D. C.

WMB





F-420  
53 8718

53 8718

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

IRTH NO. \_\_\_\_\_

NAME OF DECEASED  
(Type or Print)

August H. Flaig

2. DATE  
OF  
DEATH

9-29-53

PLACE OF DEATH:

Baltimore City, Maryland

Balto

USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Balto - Md 14-01

D. STREET ADDRESS (If rural, give location)

1430 Linden Ave

Length of stay in Baltimore

50 Yrs.  
Mos.  
Days

SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

4-4-88

9. AGE (In years  
last birthday)

65

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

FATHER'S NAME

11. BIRTHPLACE (State or foreign country)

Cincinnati Ohio

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Marie Seeborg

13. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Dorothea Flaig - same

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

coronary thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

15 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

hypertensive CVD.

15 yr.

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 19, 1950 to Sept 29, 1953, that I last saw the  
deceased alive on Sept 28, 1953, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

301053

Huntington Williams, M.D. & John A. Wolfert  
2908 R

VS 150

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11

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8719

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

DOROTHY G. RYAN

2. DATE  
OF  
DEATH

September 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hospital

Yrs.  
Mos.  
Days

c. Length of stay in Baltimore 20 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

July 3, 1911

9. AGE (In years  
last birthday)

42

If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Waitress

10B. KIND OF BUSINESS OR  
INDUSTRY

Lunch Room

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Mary C. Truett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.  
218-10-8545

17. INFORMANT

ADDRESS

Walter E. Ryan, 35 S. Stricker Street

18. 587.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Chronic pancreatitis

DISEASES

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Calculi of pancreatic duct

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER ☒  
M.D. MEDICAL INVESTIGATOR ☐

Sept. 30, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 30 1953

7846A PRAH &amp; STRICKER STS

83 848

83 848

L-000  
53 8720Lowe  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8720

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Raymond Lane

2. DATE  
OF  
DEATH

September 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Halt

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Montgomery

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rockville

D. STREET ADDRESS (If rural, give location)

Rt. #1

6500

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years; last birthday) 10 Under 1 Year 11 Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Pulmonary tuberculosis  
DUE TO

20 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1946

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Disseminated tuberculosis

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-28, 1953, to 9-29, 1953, that I last saw the deceased alive on 9-29, 1953, and that death occurred at 11:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

William F. Riend

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Sept 30, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 2, 1953

24C. NAME OF CEMETERY OR CREMATORY

Potomac Methodist

24D. LOCATION (City, town, or county)

Potomac, Md.

DATE RECEIVED BY LOCAL REGISTRAR

SEP 30 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Robert A. Humphrey

ADDRESS

Bethesda, Md.

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8721

Registered No.

53 8721

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Joseph Francis Mieschberger

2. DATE  
OF  
DEATH

Sept. 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

1716 Braddish Ave.,

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1716 Braddish Ave..

c. Length of stay in Baltimore

16- Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 28, 1875

9. AGE (in years  
last birthday)

78

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Bookkeeper

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N.Y.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Xavier Mieschberger

14. MOTHER'S MAIDEN NAME

Catherine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Faith A. Mieschberger 1716  
Braddish Ave.

1B. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Cerebral hemorrhage

INTERVAL BETWEEN  
ONSET AND DEATH

5 minutes

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/29, 1953, to 9/29, 1953, that I last saw the  
deceased alive on 7/29, 1953, and that death occurred at 4 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Retter

23B. ADDRESS

3408 Windsor Ave

23C. DATE SIGNED

9/29/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-1-1953

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8722  
Registered No.NAME OF DECEASED  
(Type or Print)

Henry

CHARLES A DAVIS

2. DATE  
OF  
DEATH

Sept. 29, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Franklin Square Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Divorced

8. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

ss't. Foreman Rtd

10B. KIND OF BUSINESS OR  
INDUSTRY

Railroad

FATHER'S NAME

George Davis

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

Apr. 24, 1881

9. AGE (In years  
last birthday)

72

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Berkeley County, West Virginia

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

--

17. INFORMANT

ADDRESS, W. Va.

Mrs. Edna Bell-120 Jefferson St., Martins-

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Myocardial infarction  
Arteriosclerotic Cardio-  
vascular diseaseINTERVAL BETWEEN  
ONSET AND DEATH

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 29, 1953, to Sept. 29, 1953, that I last saw the  
deceased alive on Sept. 29, 1953, and that death occurred at 2:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

9/30/53

24C. NAME OF CEMETERY OR CREMATORY

Green Hill Cem.

24D. LOCATION (City, town, or county)

Martinsburg, W. Va.

(State)

TE RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 30 1953

Huntington Williams, D. D. D.

Funerary &amp; Sons

Baltimore 17, Md.

VS 150

52350

1578

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1578



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 8723C-654  
8723  
BIRTH NO.

|  |                                  |  |   |  |   |
|--|----------------------------------|--|---|--|---|
| 1. NAME OF DECEASED<br>(Type or Print)<br><b>EMORY J. CROMWELL</b>   |                                  |  | 2. DATE OF DEATH<br><b>Sept. 28, 1953</b>   |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Md.</b><br>B. COUNTY |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION<br><b>Johns Hopkins Hospital</b> |                                  |  | C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)<br><b>Baltimore</b>                           |  |   |
| D. STREET ADDRESS (If rural, give location)<br><b>722 N. Belnord Ave.</b>  |                                  |  | 5. LENGTH OF STAY IN BALTIMORE<br>Yrs. Mos. Days  |  |   |
| 5. SEX<br><b>male</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>single</b> | 8. DATE OF BIRTH<br><b>Jan. 12, 1890</b>  |  | 9. AGE (In years, last birthday)<br><b>63</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Packer</b>                                     |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Wholesale Tobacco</b>    | 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b>  |  | 12. CITIZEN OF WHAT COUNTRY?                  |
| 13. FATHER'S NAME<br><b>Joshua Cromwell</b>  |                                  |  | 14. MOTHER'S MAIDEN NAME<br><b>Katherine Jennings</b>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>no</b>                            |                                  | 16. SOCIAL SECURITY NO.<br><b>216-01-4805</b>                    | 17. INFORMANT ADDRESS<br><b>Mrs. Geo. M. Smith-129 N. Milton Ave.</b>   |  |   |

|  |  |                               |  |                                  |
|--|--|-------------------------------|--|----------------------------------|
| 18. <b>420.0</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) |  | CAUSE OF DEATH                |  | INTERVAL BETWEEN ONSET AND DEATH |
| (A) <b>Anteroselectic Heart Disease</b>  |  | DUE TO                        |  | <b>3 months</b>                  |
| ANTECEDENT CAUSES  |  | (B) <b>Myocardial Failure</b> |  | <b>1 month</b>                   |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |  | (C)                           |  |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |                               |  |                                  |

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| 19A. DATE OF OPERATION  |  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |   | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |   | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>Aug 2, 1953</b> to <b>Sept. 26, 1953</b> that I last saw the deceased alive on <b>Sept 26, 1953</b> and that death occurred at <b>7A.m.</b> , from the causes and on the date stated above. |  |   |   |  |  |
| 23A. SIGNATURE<br><b>Israel Rosen</b>   |  | 23B. ADDRESS<br><b>24138. Monument St</b><br>M. D.  |   | 23C. DATE SIGNED<br><b>9/30/53</b>                                       |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 24B. DATE<br><b>10/1/53</b>                | 24C. NAME OF CEMETERY OR CREMATORY<br><b>New Cathedral Cem.</b>   | 24D. LOCATION (City, town, or county) (State)<br><b>Balto., Md.</b> |  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>SEP 30 1953</b>  | REGISTRAR'S SIGNATURE<br><b>Huntington</b> | 25. FUNERAL DIRECTOR<br><b>Wm. J. Pickner &amp; Sons</b>  |   | ADDRESS<br><b>Balto. 17, Md.</b>   |  |

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W-460 **CERTIFICATE CORRECTED**

10-7-53

BALTIMORE CITY HEALTH DEPARTMENT

**CERTIFICATE OF DEATH**53 8724  
Registered No.

|   |                                  |   |  |   |  |
|---|----------------------------------|---|--|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>REUBEN RUEBEN J. WHEELER</b>  |                                  |   | 2. DATE OF DEATH <b>Sept. 28, 1953</b>   |   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  |   | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |   |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Baltimore City Morgue</b>   |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                               |   |  |
| c. Length of stay in Baltimore<br>Yrs. Mos. Days  |                                  |   | D. STREET ADDRESS (If rural, give location)<br><b>1908 Griffis Ave.</b>  |   |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>single</b>  | 8. DATE OF BIRTH<br><b>Nov. 14, 1897</b>   |   | 9. AGE (In years last birthday)<br><b>55</b>                 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Carpenter (rtd)</b>   |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>--</b>   |   | 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b> |
| 13. FATHER'S NAME<br><b>N. Merean Wheeler</b>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Emma Lee O'Connor</b>   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br><b>no</b>   |                                  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT<br><b>Mrs. Idelle Taylor - 607 Woodington Rd.</b>   |  |
| 18. <b>E929.8</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>(A) Drowning</b><br>DUE TO<br><b>ANTECEDENT CAUSES</b><br>(B)<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(C)<br><b>II</b><br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                                  |   | INTERVAL BETWEEN ONSET AND DEATH   |   |  |
| 19A. DATE OF OPERATION  |                                  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.   |                                  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>harbor</b>         |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)<br><b>Foot of Bayard Street</b>  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY<br><b>Sept. 28, 1953 9:00 P. m.</b>   |                                  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?<br><b>Found drowned</b>  |  |
| 22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .   |                                  |   |  |   |  |
| 23A. SIGNATURE<br><i>Joseph G. Jackson</i>  |                                  | M.D.  |  | 23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> |  |
| 23C. DATE SIGNED<br><b>Sept. 29, 1953</b>   |                                  |   |  |   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 24B. DATE<br><b>10/1/53</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Trinity Chapel Cem.</b>  |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Pfeiffer's Corner, Md.</b>  |                                  |   |  |   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>SEP 30 1953</b>  |                                  | REGISTRAR'S SIGNATURE<br><i>William G. Tickner</i>  |  | 25. FUNERAL DIRECTOR<br><i>Wm. G. Tickner &amp; Sons - Balto, Md.</i>   |  |
| VS 151<br>N 990X  |                                  | 51024   |  |   |  |

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8725  
Registered No.

|   |                                  |  |   |
|---|----------------------------------|--|---|
| 1. NAME OF DECEASED (Type or Print)<br><i>Mrs Hilda Kadan</i>   |                                  | 2. DATE OF DEATH<br><i>Sept 28 '53</i>   |   |
| 3. PLACE OF DEATH:<br>Baltimore City, Maryland <i>Md.</i>   |                                  | 4. USUAL RESIDENCE (Where deceased lived before admission)<br>A. STATE <i>Md.</i><br>B. COUNTY   |   |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>Maryland General Hospital</i>                               |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i> |   |
| 6. LENGTH OF STAY IN BALTIMORE<br><i>Life</i>   |                                  | D. STREET ADDRESS (If rural, give location)<br><i>5106 Albertus Ave.</i>                         |   |
| 7. SEX<br><i>Female</i>   | 8. COLOR OR RACE<br><i>White</i> | 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Married</i>                                | 10. DATE OF BIRTH<br><i>July 5 1907</i> |
| 11. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)<br><i>Saleslady</i> |                                  | 12. AGE (in years last birthday)<br><i>46</i>  |   |
| 13. FATHER'S NAME<br><i>Frank Kadan</i>   |                                  | 14. MOTHER'S MAIDEN NAME<br><i>Marie Shott</i>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><i>no</i>          |                                  | 16. SOCIAL SECURITY NO.  |   |
| 17. INFORMANT<br><i>Sister-in-law</i>   |                                  | ADDRESS<br><i>same</i>   |   |

|   |  |                                  |
|---|--|----------------------------------|
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)<br><i>Cerebral accident</i> |  | INTERVAL BETWEEN ONSET AND DEATH |
| 19. ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><i>Hypertension</i>   |  |                                  |
| 20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><i>Pneumonia</i>   |  |                                  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19A. DATE OF OPERATION<br><i>0</i>  |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <i>Sept 26</i> , 1953, to <i>Sept 28</i> , 1953 that I last saw the deceased alive on <i>Sept 28</i> , 1953 and that death occurred at <i>5 p m.</i> , from the causes and on the date stated above. |  |  |  |   |  |
| 23A. SIGNATURE<br><i>M. Chang</i>   |  | 23B. ADDRESS<br><i>Md. General Hospital</i>  |  | 23C. DATE SIGNED<br><i>Sept 28 '53</i>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |  | 24B. DATE<br><i>10/2/53</i>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Holy Redeemer Cemetery</i>                 |  |
| 24D. LOCATION (City, town, or county)<br><i>Belair Rd., Baltimore, Md.</i>  |  | 25. FUNERAL DIRECTOR<br><i>Schirunek Funeral Home, Inc.</i>  |  | ADDRESS<br><i>8601-3-5 Madison Street</i>   |  |

EP 301953

4906C

NOT A MEDICAL EXAMINER'S CASE

*William H. [Signature]* M.D.  
CHIEF OR ASST. MEDICAL EXAMINER

623  
8726BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8726

IRTH NO.

NAME OF DECEASED  
(Type or Print)

BARBARA FORSTER

2. DATE  
OF  
DEATH Sept. 29, 1953

PLACE OF DEATH:

Baltimore City, Maryland 2901 Orleans St.

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
STITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2901 Orleans St.

Length of stay in Baltimore

life

SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
widowedYrs.  
Mos.  
Days

8. DATE OF BIRTH

Sept. 23, 1865

9. AGE (In years  
last birthday)

88

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)  
housewife10b. KIND OF BUSINESS OR  
INDUSTRY  
at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

FATHER'S NAME

George Fichtner

14. MOTHER'S MAIDEN NAME

Mary Margaret Lichtstein

13. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Elizabeth Violi, dgth, above18. 422.1 I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Arteriosclerotic C. V. Disease  
DUE TOINTERVAL BETWEEN  
ONSET AND DEATH

June 1/53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Cerebral Hemorrhage  
DUE TO  
(C) Acute Bacterial Pneumonia

Sept. 15/53

Sept. 26/53

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☒ CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953 to Sept 29, 1953, that I last saw the  
deceased alive on Sept 23, 1953, and that death occurred at 4:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 2, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Belair Rd., Baltimore, Md.

(State)

TE RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 30 1953

Schimunek Funeral Home, Inc.  
2602 3-5 E. Madison St.

52 5250

CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

100

DATE OF DEATH

APR 22 1933

PLACE OF DEATH

PLACE OF BIRTH

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

AGE

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EDUCATION

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8727  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8727

|  |                              |   |   |  |   |
|--|------------------------------|---|---|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Caecilia Hendrickson Norton</b>  |                              |   | 2. DATE OF DEATH <b>Sept. 27, 1953</b>  |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                              |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Md.</b><br>B. COUNTY |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>1029 N. Calvert St.</b>   |                              |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                          |  |   |
| c. Length of stay in Baltimore <b>45 Yrs.</b><br>Yrs. Mos. Days  |                              |   | D. STREET ADDRESS (If rural, give location)<br><b>1029 N. Calvert St.</b>   |  |   |
| 5. SEX<br><b>F</b>   | 6. COLOR OR RACE<br><b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widow</b>   | 8. DATE OF BIRTH<br><b>April 2, 1868</b>  | 9. AGE (In years last birthday)<br><b>85</b>                             | 10. Under 1 Year Months: Days<br><b>5</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Home Duties</b>  |                              |   | 11. BIRTHPLACE (State or foreign country)<br><b>Frederick County, Md.</b>   |  |   |
| 10B. KIND OF BUSINESS OR INDUSTRY  |                              |   | 12. CITIZEN OF WHAT COUNTRY?  |  |   |
| 13. FATHER'S NAME<br><b>Ephraim Hendrickson</b>  |                              |   | 14. MOTHER'S MAIDEN NAME<br><b>Rebecah Anderson</b>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                              |   | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  |   |
| 17. INFORMANT<br><b>Mrs Lucille Plassnig, 1905 W. Balto.</b>   |                              |   | ADDRESS   |  |   |
| 18. <b>422.1 and 141X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>CAUSE OF DEATH</b><br>(A) <b>Patens Schleuter C. V. D.</b><br>DUE TO<br>(B) <b>Ca. Tongue</b><br>DUE TO<br>(C)<br>INTERVAL BETWEEN ONSET AND DEATH<br><b>(8)</b><br><b>3 months</b> |                              |   |   |  |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                              |   |   |  |   |
| 19A. DATE OF OPERATION<br><b>0</b>   |                              | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |   | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   |   |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |                              |   |   |  |   |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  |                              | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |   | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |                              | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <b>June 15</b> , 19 <b>52</b> , to <b>Sept 27</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Sept 27, 1953</b> , and that death occurred at <b>10 P. m.</b> , from the causes and on the date stated above.  |                              |   |   |  |   |
| 23A. SIGNATURE<br><b>Stewart E. Bogard</b>   |                              | 23B. ADDRESS<br><b>M. D. 1905 W. Baltimore St.</b>  |   | 23C. DATE SIGNED<br><b>9/28/53</b>                                       |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                              | 24B. DATE<br><b>Oct. 1, 1953</b>  |   | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Auburn</b>                  |   |
| 24D. LOCATION (City, town, or county) (State)<br><b>Cambridge, Mass.</b>   |                              |   |   |  |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>SEP 30 1953</b>   |                              | REGISTRAR'S SIGNATURE<br><b>Huntington Williams, M.D.</b>   |   | 25. FUNERAL DIRECTOR<br><b>See J. A. Cole, 1918 W. Balto. St.</b>        |   |

1957

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1957

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8728

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8728

IRTH NO.

NAME OF DECEASED  
(Type or Print)

CATHERINE LIEBMAN

2. DATE  
OF  
DEATH

9-29-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF  
HOSPITAL OR  
INSTITUTION

SOUTH BALTIMORE GEN. HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 29

D. STREET ADDRESS (If rural, give location)

4202 LEEDS AVE.

5300

Length of stay in Baltimore

Yrs.  
Mos.  
Days

SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MARCH 17, 1893

9. AGE (In years  
last birthday)

60

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

FATHER'S NAME

JOHN JOFFMAN

14. MOTHER'S MAIDEN NAME

DOROTHY WEBB

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MR. WILLIAM A. LIEBMAN

18. 420.0 and 260X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH 4202 LEEDS AVE

INTERVAL BETWEEN  
ONSET AND DEATH

(A)

Encephalopathy

2 days

DUE TO

(B)

Cor Arteriosclerosis, general

DUE TO

(C)

Hypertensive, arteriosclerotic Heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes, mellitus

15 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 9-27, 1953, to 9-29, 1953, that I last saw the  
deceased alive on 9-29, 1953, and that death occurred at 7:45 AM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

JUNIAL 003, 1953 NEW CATHEDRAL BALTO.  
Huntington, William, M.D. 1203 Light St. 9-29-53  
1913 W Balto. St.

8578

84

RECEIVED

OFFICE OF THE SECRETARY OF THE ARMY

8579

1914

1915



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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8729**

BIRTH NO

1. NAME OF DECEASED  
(Type or Print)**John Byrnes (John C. Byrnes)**2. DATE  
OF  
DEATH**9-29-1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

**Maryland**B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION**Baltimore City Hospitals  
4940 Eastern Ave.**

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1403 N. Washington St. zone 13**

c. Length of stay in Baltimore

**Life**Yrs.  
Mos.  
Days

5. SEX

**M**

6. COLOR OR RACE

**W**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)**Widowed**8. DATE OF ~~1868~~**Nov. 23-1869**

9. AGE (In years

last birthday)

**84**If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Retired**

10B. KIND OF BUSINESS OR INDUSTRY

**Unknown**

11. BIRTHPLACE (State or foreign country)

**Maryland**

12. CITIZEN OF

**U.S.A.**

13. FATHER'S NAME

**Unknown**

14. MOTHER'S MAIDEN NAME

**Unknown**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)**Yes**

(If yes, give war or dates of service)

**1886-1889/1890-1893**

16. SOCIAL SECURITY NO.

**None**17. INFORMATION  
**Baltimore City Hospitals  
Records: 4940 Eastern Ave.**18. **540.0**

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Gastric Ulcers-Bleeding**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-4-** **1953**, to **9-29-** **1953**, that I last saw the deceased alive on **9-29-** **1953**, and that death occurred at **8:35AM**, from the causes and on the date stated above.

23A. SIGNATURE

**H. J. Ruth, Inc.**

M. D.

23B. ADDRESS

**4940 Eastern Ave., Baltimore, Md.**

23C. DATE SIGNED

**9-29-1953**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)**Burial**

24B. DATE

**10-2-53**

24C. NAME OF CEMETERY OR CREMATORY

**Baltimore National**

24D. LOCATION (City, town, or county)

**Frederick Rd. Balto: Md.**

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**George J. Ruth, Inc. - 1735 Harford Avenue**

ADDRESS

**SEP 30 1953**

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53 8730

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8730 Registered No.

IRTH NO.

NAME OF DECEASED  
(Please Print) **Daisy A. Brooks.**

2. DATE  
OF  
DEATH **Sept 29, 1953**

PLACE OF DEATH:  
**Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Maryland.**  
B. COUNTY **Baltimore**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)  
**1420 Dellwood Ave.**

8. DATE OF BIRTH  
**Feb 20, 1906**

9. AGE (in years last birthday)  
**47**

11. BIRTHPLACE (State or foreign country)  
**Maryland**

12. CITIZEN OF WHAT COUNTRY?  
**U.S.**

10. KIND OF BUSINESS OR INDUSTRY  
**Housewife**

16. SOCIAL SECURITY NO.  
**Estella Baker.**

17. INFORMANT  
**Sherman L. Brooks**

18. **443x and 260x**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
**CAUSE OF DEATH**  
(A) **Acute Pulmonary Congestion**  
DUE TO  
(B) **Hypertensive C.V.D.**  
DUE TO  
(C) **Diabetic Mellitus**

19. DATE OF OPERATION  
20. AUTOPSY?  
YES ☐ NO ☐

21. TIME (Month) (Day) (Year) (Hour)  
21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-20-**, 19**53** to **9-29-**, 19**53** that I last saw the deceased alive on **9-19-**, 19**53** and that death occurred at **1A.** m., from the causes and on the date stated above.

23A. SIGNATURE  
**Lorraine Park**  
M. D.  
23B. ADDRESS  
**3711 Zell Rd**  
23C. DATE SIGNED  
**9-29-53**

A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**  
24B. DATE  
**Oct 2 1953**  
24C. NAME OF CEMETERY OR CREMATORY  
**Lorraine Park**  
24D. LOCATION (City, town, or county) (State)  
**Windson Mill Rd, Md**

25. FUNERAL DIRECTOR  
**Huntington Williams, 3818 Roland Ave**

SEP 30 1953

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1978

1981, 1982

William J. Byrd

California

California

Miss Alice Bond

Miss Alice Bond

Miss

Oct 10, 1978

Lower

Miss

Charles Darwin Cross - Blackwell Island

Unknown

William J. Byrd, Miss Alice Bond

1981, 1982

1981, 1982

1981, 1982

1981, 1982

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8732**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**HELEN H. COZIK**2. DATE OF DEATH **September 25, 1953**3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE **Maryland** B. COUNTY **before admission**)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Baltimore City Morgue**C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)

**508 W. Baltimore Street**

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**MARRIED**

8. DATE OF BIRTH

**?**

9. AGE (In years last birthday)

**50**If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**H. W.**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Boston, Massachusetts**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Unknown**

14. MOTHER'S MAIDEN NAME

**Unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Mrs William NELSON 122 E WATER ST DOVER, DEL.**18. **581.1**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Chronic alcoholism****QUEST**

## ANTECEDENT CAUSES

(B) **Fatty liver**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**William J. Goff**

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

**Sept. 25, 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**10/1/53**

24C. NAME OF CEMETERY OR CREMATORY

**New Cathedral**

24D. LOCATION (City, town, or county)

**Balto. Md**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**Sam Cook, Inc.**

ADDRESS

**1217 St Paul St**

VS 151

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8733**

BIRTH NO.

## 1. NAME OF DECEASED

(Type or Print) **William Charles Egbert**

## 2. DATE

OF DEATH **September 30, 1953**

## 3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, Is institution: residence before admission)

A. STATE

B. COUNTY

**Maryland**B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE **The Wyman Park Apartments**C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)

**The Wyman Park Apartments**

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

## 5. SEX

**male**

## 6. COLOR OR RACE

**white**

## 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**married**

## 8. DATE OF BIRTH

**March 9, 1898**

## 9. AGE (In years last birthday)

**55**

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Insurance Adjuster**

10B. KIND OF BUSINESS OR INDUSTRY

**Insurance Adjusters, Inc.**

## 11. BIRTHPLACE (State or foreign country)

**New Jersey**

## 12. CITIZEN OF WHAT COUNTRY?

## 13. FATHER'S NAME

**--**

## 14. MOTHER'S MAIDEN NAME

**--**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

**yes**

(If yes, give war or dates of service)

**W. W. I**

16. SOCIAL SECURITY NO.

## 17. INFORMANT

## ADDRESS

**J. P. Seldon, 222 Richwood Road**18. **163X**

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Cancer of lung**  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)   
DUE TO  
(C)   

## INTERVAL BETWEEN ONSET AND DEATH

**3 mos**II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

## 19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

## 20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug**, 19**53**, to **Sept 30**, 19**53**, that I last saw the deceased alive on **Sept 29**, 19**53**, and that death occurred at **7 A** m., from the causes and on the date stated above.

## 23A. SIGNATURE

**William C. Helgeson, M.D.**

## 23B. ADDRESS

**5806 Roland Ave**

## 23C. DATE SIGNED

**9/30/53**24A. BURIAL, CREMATION, REMOVAL (Specify)  
**burial**

## 24B. DATE

**10/2/53**

## 24C. NAME OF CEMETERY OR CREMATORY

**Druid Ridge Cemetery**

24D. LOCATION (City, town, or county) (State)

**Pikesville,****Maryland**

DATE RECEIVED BY LOCAL REGISTRAR

## REGISTRAR'S SIGNATURE

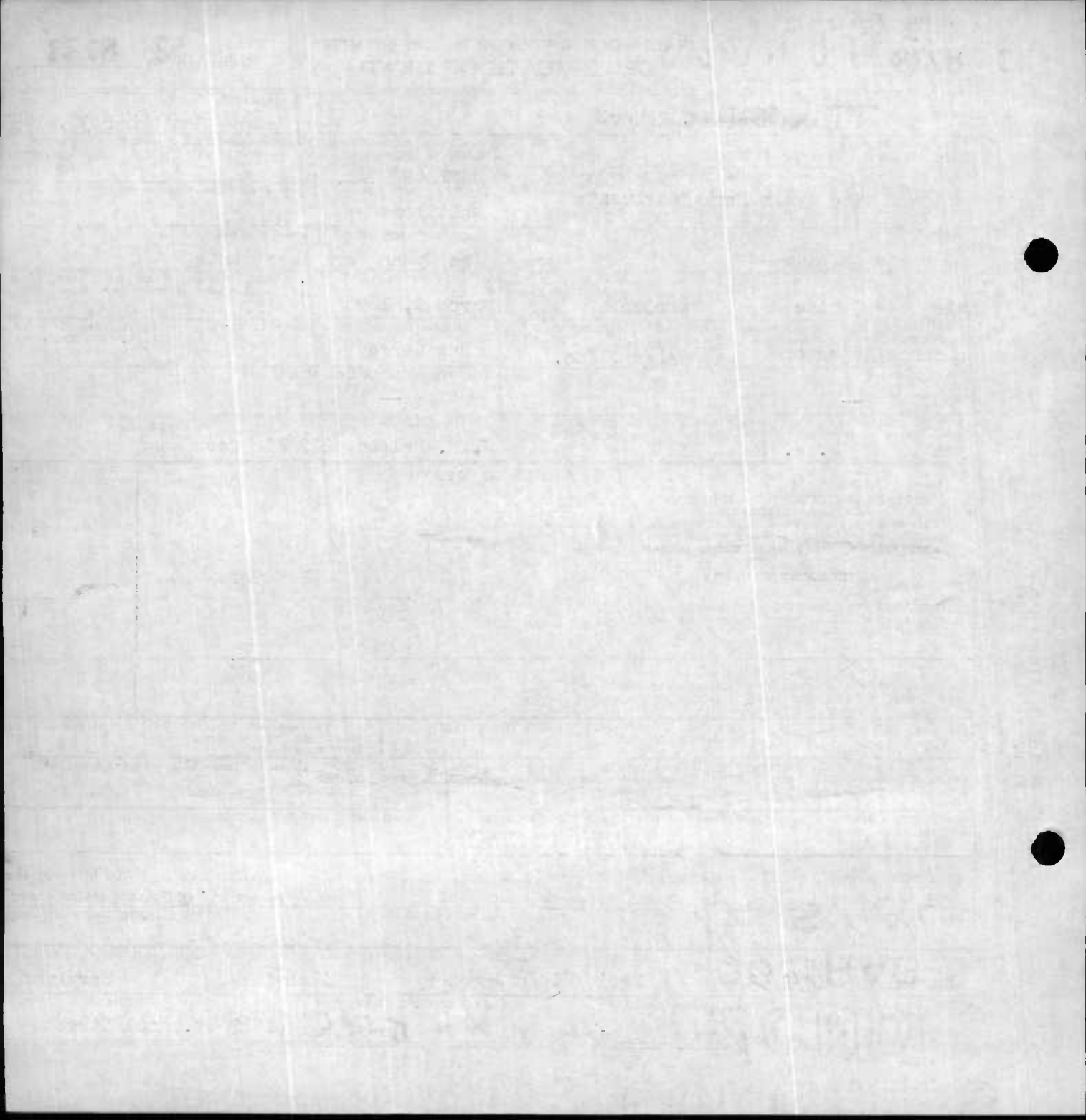
**Huntington Williams, M.D.**

## 25. FUNERAL DIRECTOR

**Wm. Gork, Inc.**

## ADDRESS

**2217 St. Paul Street****OCT 1 - 1953**  
VS 150**45073**



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8734

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EVA MAY EASON

2. DATE  
OF  
DEATH

Sept. 30, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Maryland

B. COUNTY Anne Arundel

a. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR INSTITUTION location)US Public Health Service  
Hospital  
Wyman Pk. Drive & 31st Streetc. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Pasadena

D. STREET ADDRESS (If rural, give location)

Magothy Beach

c. Length of stay in Baltimore

77 days

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/19/95

9. AGE (In years  
last birthday)

58

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Wisconsin

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Watson

14. MOTHER'S MAIDEN NAME

Martha Heath

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

Yes- ?

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

carcinoma of cervix of uterus

DUE TO

Interval Between  
Onset and Death

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) Metastatic carcinoma in right  
innominate bone

(C)

Unknown

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ ND ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1953 to Sept. 30, 1953, that I last saw the  
deceased alive on Sept. 30, 1953 and that death occurred at 8:55 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J.A. Hunter, Clinical Director

M. D.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

9/30/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/2/53

24C. NAME OF CEMETERY OR CREMATORY

Arlington National

Arlington,

Virginia

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington, Williams, M.D.

Blum Book Inc., 1217 St. Paul Street

OCT 1 - 1953  
VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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See query reply in Document file.



# RAUSCHER

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 53 8736  
 Registered No.

 R-260  
 53 8736  
 BIRTH NO.

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Anton J. Rauscher</b>   |                                  | 2. DATE OF DEATH <b>Sept 30, 1953</b>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>1543 Glenaele Rd</b>   |                                  | B. COUNTY <b>md</b>   |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>28</b>   |                                  | C. CITY OR TOWN (If outside corporate limits, write R. Stat. and give township)<br><b>Balto</b> |  |
| c. Length of stay in Baltimore <b>60</b>  |                                  | D. STREET ADDRESS (If rural, give location)<br><b>1543 Glenaele Rd</b>                          |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widow</b>                                 | 8. DATE OF BIRTH<br><b>Nov. 18, 1877</b> |
| 9. AGE (In years last birthday)<br><b>75</b>  |                                  | 10. UNDER 1 Year<br>Months: Days: Hours: Min.   | 11. UNDER 24 hours<br>Hours: Min.        |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Track Foreman</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>BTO RR</b>  |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Austria Hungary</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |  |
| 13. FATHER'S NAME<br><b>Rauscher</b>  |                                  | 14. MOTHER'S MAIDEN NAME  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>no</b>   |                                  | 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT<br><b>Mrs Lillian Thiele</b>  |                                  | ADDRESS<br><b>3040 Strickland</b>   |  |
| 18. <b>420.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Coronary Occlusion</b>                  |                                  | CAUSE OF DEATH<br>(A) <b>Coronary Occlusion</b><br>DUE TO                                       |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Generalized atherosclerosis of A. &amp; V. Sys.</b>  |                                  | (B) <b>Generalized atherosclerosis of A. &amp; V. Sys.</b><br>DUE TO<br>(C)                     |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                                  |   |  |
| 19A. DATE OF OPERATION<br><b>0</b>  |                                  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |  |
| IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II  |                                  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                        |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)       |  |
| 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?  |                                  | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  |
| 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>March</b> , 1952, to <b>Sept. 30</b> , 1953, that I last saw the deceased alive on <b>Sept. 23</b> , 1953, and that death occurred at <b>6:30 A. M.</b> , from the causes and on the date stated above. |                                  |   |  |
| 23A. SIGNATURE<br><b>Charles E. Can</b>   |                                  | 23B. ADDRESS<br><b>6201 York Rd</b>   |  |
| 23C. DATE SIGNED<br><b>9/30/53</b>  |                                  | 23D. M. D.  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 24B. DATE<br><b>Oct 3, 1953</b>   |  |
| 24C. NAME OF CEMETERY OR CREMATORY<br><b>Holy Cross</b>   |                                  | 24D. LOCATION (City, town, or county) (State)<br><b>Brooklyn Md</b>                             |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 1 - 1953</b>   |                                  | REGISTRAR'S SIGNATURE<br><b>Huntington</b>  |  |
| VS 150  |                                  | 25. FUNERAL DIRECTOR<br><b>A. Howard Evans</b>  |  |
| ADDRESS<br><b>1400 Abingdon</b>   |                                  |   |  |

8873 82

8873 82

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8737

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James Murray

2. DATE OF DEATH 9/28/1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

312 E. 20 $\frac{1}{2}$  Street

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

312 E. 20 $\frac{1}{2}$  Street

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8/9/1884

9. AGE (in years last birthday)

69

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labor

10B. KIND OF BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Durham, N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

David Murray

14. MOTHER'S MAIDEN NAME

Sarah (MN) Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)

Yes

WWI

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Lucy Murray 2002 Guilford Ave.

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

Pulmonary tuberculosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/28, 1953, to 9/28, 1953, that I last saw the deceased alive on 9/28, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

301-E-72-54.18

23C. DATE SIGNED

Oct 1-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/1/1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Arlington S. Phillips 1808 N.

ADDRESS

Monroe St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-600

53

8737

See correspondence in TB Bureau file BCHD.

also was patient in the Veterans Admn. Hospital at Fort Howard, Md.

0-400

8738

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8738

IRTH NO.

NAME OF DECEASED  
(Please Print)

Charles

Pulley

2. DATE  
OF  
DEATH

9-27-1953

PLACE OF DEATH:  
Baltimore City, MarylandFULL NAME OF  
HOSPITAL OR  
INSTITUTION  
(If not in hospital or institution, give street address or location)

Lincoln Mem. Hosp

Yrs.  
Mos.  
Days

Length of stay in Baltimore

SEX

Male

6. COLOR OR RACE

Cal.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M.

8. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

FATHER'S NAME

Phillip Pulley

10. KIND OF BUSINESS OR  
INDUSTRY

Private Family

8. DATE OF BIRTH

1-20-1885

9. AGE (In years  
last birthday)

68

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min

11. BIRTHPLACE (State or foreign country)

Arnold, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Victoria Fleetwood

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

216-05-6863

17. INFORMANT

Cora Howard - Annapolis, Md.

ADDRESS

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Hypertensive Cardiac  
Vascular DiseaseINTERVAL BETWEEN  
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertension

?

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Arterio sclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4, 1953, to 9/27, 1953, that I last saw the  
deceased alive on 9/25, 1953, and that death occurred at 11:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. Walter Sherington, M.D.

23B. ADDRESS

2301 Harlem Ave

23C. DATE SIGNED

9/27/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-1-1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Arnold, Md.

25. RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR'S

William Reese - 108 St. Washington St.

ADDRESS

Annapolis, Md.

VS 150

9308A

May 25

Dear Mr. [illegible]

I have just received your letter of the 23rd

and am glad to hear from you

and hope you are well

I am writing you now

and hope you will find it interesting

I am writing you now

and hope you will find it interesting

I am writing you now

and hope you will find it interesting

I am writing you now

and hope you will find it interesting



M-460

3 8739

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8739

TH NO.

NAME OF DECEASED  
(Type or Print)

Fred Mallory

2. DATE  
OF  
DEATHSept 29<sup>th</sup> 1953

PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

Md

FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
TITUTIONJohns Hopkins Hospital  
Academy RoomC. CITY OR TOWN (If outside corporate limits, give full RAIL, and give  
township)

Balto.

7-04

Length of stay in Baltimore

23 yrs

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

1009 Mc Donough

SEX

M

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 25, 1900

9. AGE (In year,  
last birthday)

52

If Under 1 Year  
Months: Days Hours: Min.

9

10. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Bethlehem Steel Co

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

FATHER'S NAME

Rolphus Mallory

14. MOTHER'S MAIDEN NAME

Unknown

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mrs Irene Mallory wife

ADDRESS

1009 Mc Donough

18. 420.1 and 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Pulmonary edema

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

Sept 29, 1953

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Coronary occlusion.

DUE TO

Sept 29, 1953

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Hypertension Cardio Vascular Disease 2 yrs  
Diabetes Mellitus Late Latent (treated) arterial sclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from July 1951, to Sept 29, 1953, that I last saw the  
deceased alive on 9/19, 1953, and that death occurred at 4 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Ralph J. Young

M. D.

23B. ADDRESS

1522 2nd Monument St

23C. DATE SIGNED

9/30/53

A. BURIAL, CREMA-  
N. REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

OCT 1 - 1953

REGISTRAR'S SIGNATURE

Huntington Hall

25. FUNERAL DIRECTOR

Edw. J. Wilson

ADDRESS

1000 Brantley Ave

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 8740

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN H. SMITH

2. DATE  
OF  
DEATH

September 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

640 W. Franklin Street

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 2, 1914

9. AGE (In years  
last birthday)

39

If Under 1 Year If Under 24 Hours  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Monticello Va.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Ed Smith

14. MOTHER'S MAIDEN NAME

Estella Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Elizabeth Smith W. Franklin St

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Coronary occlusion

(C) Myocardial infarct

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

W. Williams

23B. CHIEF MEDICAL EXAMINER.....☐M.D. ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

Sept. 30, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/3/1953

24C. NAME OF CEMETERY OR CREMATORY

Monticello Cem

24D. LOCATION (City, town, or county)

Monticello Va.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs Katie R. Williams

ADDRESS

3224 Schrock St

VS 151 js

97024

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8741**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SAMUEL 8

THOMAS

2. DATE  
OF DEATH 9-27-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION Franklin Square HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

2356 McCullough

McCulloh

5. SEX  
male6. COLOR OR RACE  
colored7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Widow

8. DATE OF BIRTH

July 10, 1893

9. AGE (In years  
last birthday)

60

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR  
INDUSTRY

B.Y.O.R.P.

11. BIRTHPLACE (State or foreign country)

Louisville Ky.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard Thomas

14. MOTHER'S MAIDEN NAME

May Douglas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Benjamin Thomas

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. H. Fisher

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED  
9-28-5324A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/1/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn Cem Balto. Md.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs Kate R. Williams

ADDRESS 322 N.

Schroeder St

1978

12

1978 JAN 10 10:21 AM

12



5-635  
8742

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8742

|   |                           |   |                                       |
|---|---------------------------|---|---------------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <b>CHARLES GARDNER</b>   |                           | 2. DATE OF DEATH <b>SEPT. 30, 1953</b>  |                                       |
| 3. PLACE OF DEATH:<br><b>Baltimore City, Maryland</b>   |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY <b>24-05</b> |                                       |
| 5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><b>South Baltimore General Hosp</b>  |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>  |                                       |
| 6. Length of stay in Baltimore<br>Yrs. <b>0</b><br>Mos. <b>0</b><br>Days <b>0</b>   |                           | D. STREET ADDRESS (If rural, give location)<br><b>1436 Riverside Ave</b>  |                                       |
| 7. SEX <b>M</b>   | 8. COLOR OR RACE <b>W</b> | 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>  | 10. DATE OF BIRTH <b>Nov. 1, 1895</b> |
| 11. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)<br><b>Handy MAN</b>   |                           | 12. AGE (In years last birthday) <b>57</b>  |                                       |
| 13. FATHER'S NAME <b>FREDERICK</b>  |                           | 14. MOTHER'S MAIDEN NAME <b>Hattie</b>  |                                       |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><b>Yes WW #1</b>   |                           | 16. SOCIAL SECURITY NO.   |                                       |
| 17. INFORMANT <b>Family - Same</b>  |                           | ADDRESS   |                                       |
| 18. <b>443X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Subarachnoid hemorrhage</b>              |                           | INTERVAL BETWEEN ONSET AND DEATH  |                                       |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Hypertension, cardiomegaly</b>   |                           |   |                                       |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                           |   |                                       |
| 19A. DATE OF OPERATION <b>10-3-53</b>   |                           | 19B. MAJOR FINDINGS OF OPERATION  |                                       |
| 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                           |   |                                       |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   |                           | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |                                       |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                           | 21D. HOW DID INJURY OCCUR?  |                                       |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                           |   |                                       |
| 22. I hereby certify that I attended the deceased from <b>Sept. 27, 1953</b> , to <b>Sept. 30, 1953</b> , that I last saw the deceased alive on <b>Sept. 30, 1953</b> and that death occurred at <b>5:00 a.m.</b> , from the causes and on the date stated above. |                           |   |                                       |
| 23. SIGNATURE <b>Ronald Ben Jones</b>   |                           | 23B. ADDRESS <b>1203 Light St.</b>  |                                       |
| 23C. DATE SIGNED <b>9/30/53</b>   |                           |   |                                       |
| 24A. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>   |                           | 24B. LOCATION (City, town, or county) <b>Baltimore</b>  |                                       |
| 24C. DATE <b>10-3-53</b>  |                           | 24D. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>   |                                       |
| 24E. LOCATION (City, town, or county) <b>Baltimore</b>  |                           | 24F. DATE <b>10-3-53</b>  |                                       |
| 25. RECEIVED BY CAL REGISTRAR <b>10-1-1953</b>  |                           | 25. FUNERAL DIRECTOR <b>55440 130 E. FORT RD.</b>   |                                       |

2 27

Handwritten notes, possibly "Handwritten" and "Handwritten".

Handwritten notes, possibly "Handwritten" and "Handwritten".

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8743

|  |  |   |  |
|--|--|---|--|
| BIRTH NO. 53 8743  |  | T-460   |  |
| 1. NAME OF DECEASED<br>(Type or Print) <b>WALTER TYLER</b>   |  | 2. DATE OF DEATH <b>9-25-53</b>   |  |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland <b>BALTIMORE</b>   |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MARYLAND</b> b. COUNTY                                       |  |
| b. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>1002 W. LANVALE ST.</b>  |  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>BALTIMORE 16-01</b>  |  |
| c. Length of stay in Baltimore <b>LIFE.</b> Yrs. Mos. Days   |  | d. STREET ADDRESS (If rural, give location)<br><b>1002 W. LANVALE ST.</b>   |  |
| 5. SEX <b>MALE</b>   | 6. COLOR OR RACE <b>COL</b>  | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>?</b>  | 8. DATE OF BIRTH <b>10-25-05</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>JANITOR</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>BLOG</b>  | 9. AGE (In years last birthday) <b>48</b> If Under 1 Year Months Days If Under 24 Hours Hours Min. <b>11 0</b> |
| 13. FATHER'S NAME<br><b>James Tyler</b>  |  | 14. MOTHER'S MAIDEN NAME<br><b>Elizabeth Glasgow Md</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>UNKNOWN</b>  |  | 17. INFORMANT ADDRESS<br><b>MAGGIE WALKER MOUNT MORRIS CT.</b>  |  |
| 18. <b>420.0 I</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Arteriosclerotic Heart Disease</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B)<br>(C)<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  | CAUSE OF DEATH <b>1416</b><br><b>Arteriosclerotic Heart Disease</b>   |  |
| 19a. DATE OF OPERATION <b>10-3-53</b>  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |   |  |
| 21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |  |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY  | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK | 21f. HOW DID INJURY OCCUR?  |  |
| 22. I certify that I took charge of the remains described above, held an <b>Inspection</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> . |  |   |  |
| 23a. SIGNATURE <b>J. B. Fisher</b> M.D.  |  | 23b. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> |  |
| 23c. DATE SIGNED <b>9-26-53</b>  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   | 24b. DATE <b>10-3-53</b>   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>MT. AUBURN CEM.</b>  | 24d. LOCATION (City, town, or county) (State)<br><b>BALTO - MD</b>   |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 1 - 1953</b>  | REGISTRAR'S SIGNATURE<br><b>Thurston Williams, Md</b>  | 25. FUNERAL DIRECTOR<br><b>E. Williams &amp; Jackson</b> ADDRESS <b>916</b>   |  |
| VS 151 77074   |  |   |  |

MEDICAL CERTIFICATION

1954

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

1954

*[Faint, illegible text and markings, possibly bleed-through from the reverse side of the page.]*

R-350

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8744

RTH No. 8744

|   |                               |  |  |
|---|-------------------------------|--|--|
| NAME OF DECEASED<br>(Type or Print) <b>Rhoten - Geraldine D.</b>  |                               | 2. DATE OF DEATH<br><b>9/30-53</b>   |  |
| PLACE OF DEATH:<br><b>Baltimore City, Maryland</b>  |                               | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b> |  |
| FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>Franklin Square Hospital</b>  |                               | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore 5300</b>  |  |
| D. STREET ADDRESS (If rural, give location)<br><b>704 Westover Rd. No 8</b>   |                               |  |  |
| Length of stay in Baltimore <b>6</b> <sup>Yrs.</sup> <sup>Mos.</sup> <sup>Days</sup>  |                               | 8. DATE OF BIRTH<br><b>Nov. 14. 1922</b>   |  |
| SEX<br><b>F</b>   | 6. COLOR OR RACE<br><b>W.</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married.</b>   | 9. AGE (in years last birthday)<br><b>30</b> |
| A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)<br><b>Manager.</b>   |                               | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Service mgr. Christmas</b>   |  |
| FATHER'S NAME<br><b>Milton Arney</b>  |                               | 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b>   |  |
| WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(If yes, give war or dates of service)<br><b>no</b>   |                               | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>  |  |
| 16. SOCIAL SECURITY NO.<br><b>217-16-5547</b>   |                               | 14. MOTHER'S MAIDEN NAME<br><b>Gertrude Morton.</b>  |  |
| 17. INFORMANT<br><b>Raymond Weldon Rhoten - Pikesville</b>  |                               | ADDRESS  |  |
| 18. <b>445X</b> CAUSE OF DEATH  |                               |  |  |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Uremia</b>   |                               |  |  |
| DUE TO (A) <b>Uremia</b>  |                               |  |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Malignant hypertension.</b>  |                               |  |  |
| DUE TO (B) <b>Malignant hypertension.</b>   |                               |  |  |
| DUE TO (C)  |                               |  |  |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                               |  |  |
| 19A. DATE OF OPERATION <b>0</b>   |                               | 19B. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                               |  |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH   |                               | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                               | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                               | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>9-25</b> , 19 <b>53</b> , to <b>9-30</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>9-30</b> , 19 <b>53</b> , and that death occurred at <b>1230 Am.</b> , from the causes and on the date stated above. |                               |  |  |
| 23A. SIGNATURE<br><b>Dr. Samuel</b>   |                               | 23B. ADDRESS<br><b>Franklin Square Hospital</b>  |  |
| 23C. DATE SIGNED<br><b>9/30-53</b>  |                               |  |  |
| 24B. DATE<br><b>9-3-53</b>  |                               | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Westminster</b>   |  |
| 24D. LOCATION (City, town, or county)<br><b>Westminster, Md</b>   |                               |  |  |
| 25. FUNERAL DIRECTOR<br><b>Huntington Williams, Md</b>  |                               | ADDRESS<br><b>Franklin Square Hospital</b>   |  |
| OCT 1 - 1953 VS 150   |                               |  |  |

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CONC

NOTE





8J-655  
53 8745

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8745  
Registered No.

|  |                                 |  |                                    |   |   |
|--|---------------------------------|--|------------------------------------|---|---|
| BIRTH NO.  |                                 | 1. NAME OF DECEASED<br>(Type or Print) <i>Thaddeus Jarman</i>  |                                    | 2. DATE OF DEATH<br><i>9/28/53</i>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>842 Edmondson Ave</i>   |                                 | 4. USUAL RESIDENCE (Where deceased lived, if institution before admission)<br>A. STATE <i>Maryland</i>     |                                    |   |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>842 Edmondson Ave</i>  |                                 | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore Md. 17-03</i> |                                    |   |   |
| c. Length of stay in Baltimore <i>28 YRS.</i>  |                                 | D. STREET ADDRESS (If rural, give location)<br><i>842 Edmondson Ave</i>                                    |                                    |   |   |
| 5. SEX<br><i>M</i>   | 6. COLOR OR RACE<br><i>Cole</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Widowed</i>  | 8. DATE OF BIRTH<br><i>Dec 5th</i> | 9. AGE (In years: (Month) (Day))<br><i>39</i>                               | 10. Under 1 Year: Months: Days: Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Laborer</i>  |                                 | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>On Res.</i>  |                                    | 11. BIRTHPLACE (State or foreign country)<br><i>Huntington N.C.</i>         |   |
| 13. FATHER'S NAME<br><i>Alfred Jarman</i>  |                                 | 14. MOTHER'S MAIDEN NAME<br><i>Daisy Wallen</i>  |                                    |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br><i>no</i>  |                                 | 16. SOCIAL SECURITY NO.  |                                    | 17. INFORMANT<br><i>James Jarman</i>  |   |
| 18. <i>002X</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)                                    |                                 | CAUSE OF DEATH<br><i>Brother 842 Edmondson Ave</i>   |                                    | INTERVAL BETWEEN ONSET AND DEATH<br><i>36 hrs.</i>                          |   |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |                                 | (A) <i>Pulmonary Hemorrhage</i><br>(B) <i>Pulmonary Tuberculosis Undet.</i><br>(C)                         |                                    |   |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                                 |  |                                    |   |   |
| 19A. DATE OF OPERATION<br><i>0</i>   |                                 | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   |                                    | 19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II |   |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  |                                 | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                   |                                    | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?    |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |                                 | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                    | 21F. HOW DID INJURY OCCUR?  |   |
| 22. I hereby certify that I attended the deceased from <i>9-28, 1953</i> to <i>9-28, 1953</i> , that I last saw the deceased alive on <i>9-28, 1953</i> , and that death occurred at <i>5:50</i> p.m., from the causes and on the date stated above. |                                 |  |                                    |   |   |
| 23A. SIGNATURE<br><i>H. Garland (Chesell)</i>  |                                 | 23B. ADDRESS<br><i>1038 Edmondson Ave</i>  |                                    | 23C. DATE SIGNED<br><i>9-1-53</i>   |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>mt Calvary</i>   |                                 | 24B. DATE<br><i>OCT 12/53</i>  |                                    | 24C. NAME OF CEMETERY OR CREMATORY<br><i>mt Calvary</i>                     |   |
| 24D. LOCATION (City, town, or county) (State)<br><i>Baltimore Md</i>   |                                 | 25. FUNERAL DIRECTOR<br><i>Blair O Wilson</i>  |                                    | ADDRESS<br><i>1008 Brantley Ave</i>   |   |

MARGIN RESERVED FOR BINDING  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OCT 1 - 1953  
VS 130

97099

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53,8746

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Charles William Milburn

2. DATE  
OF DEATH

Sept. 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, before admission)

A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1012 St. Mosher St.

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore 16-01

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 29, 1891

9. AGE (In years last birthday)

62

10. Under 1 Year

Months: Days: Hours: Min.

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Longshoreman

10B. KIND OF BUSINESS OR INDUSTRY

Local #155

11. BIRTHPLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Charles Henry Milburn

14. MOTHER'S MAIDEN NAME

Annabelle Yates

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

1012 St. Mosher St.

18. 442 X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

Cerebral Hemorrhage

Hypertensive Cardiac

Vascular Renal Disease

INTERVAL BETWEEN ONSET AND DEATH

1-1-53

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1953 to 9-29, 1953, that I last saw the deceased alive on 1-37, 1953, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. E. ...

23B. ADDRESS

833 N. ...

23C. DATE SIGNED

9-30-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 2, 1953

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

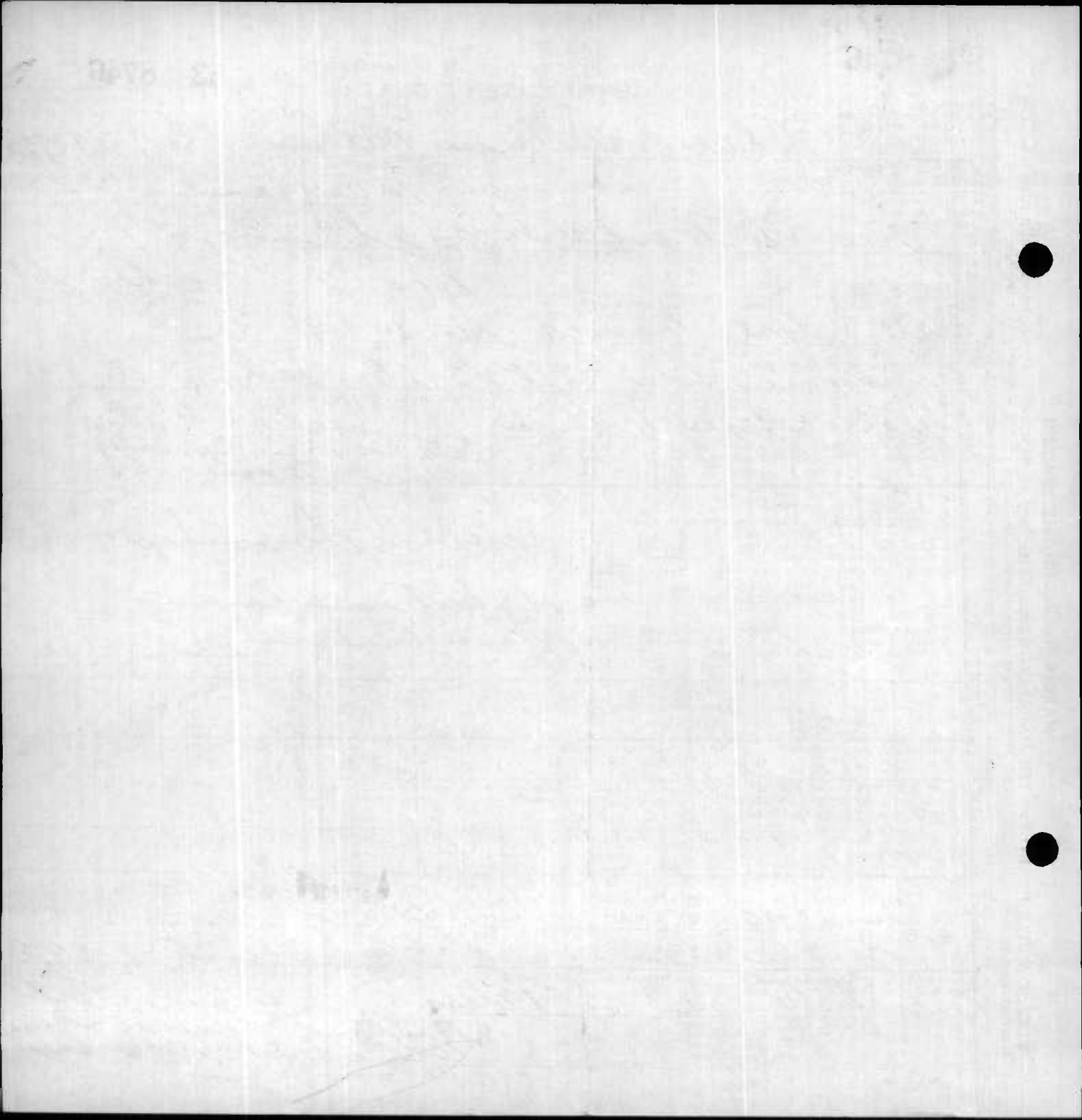
25. FUNERAL DIRECTOR

St. ...

ADDRESS

Home

94055



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8747  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Maxine C. Taylor

2. DATE  
OF  
DEATH

Sept. 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION

2528 Francis St.

C. CITY OR TOWN

(If outside corporate limits, give location and give township)

D. STREET ADDRESS (If rural, give location)

2528 Francis St.

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 19, 1909 44

9. AGE (In years last birthday)

44

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Frederick, Md. U.S.A.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Spencer

14. MOTHER'S MAIDEN NAME

Blanche Siggs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

219-28-4634

17. DEFORMITY

None

2528 Francis St.

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinomatosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Carcinoma of Ovary

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-7, 1952 to 9-30, 1953, that I last saw the deceased alive on 9-30, 1953, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

805 W. Fremont Ave.

23C. DATE SIGNED

10-1-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 3, 1953

24C. NAME OF CEMETERY OR CREMATORY

Arboretum Mem. Pk. Baltimore Co. Md.

24D. LOCATION (City, town, or county)

Baltimore

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

1-1954

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

1631 David Hill Ave.

ADDRESS

1631 David Hill Ave.

1278 83

1278 83





53 8748  
M-252BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8748  
Registered No.

|  |                  |   |  |
|--|------------------|---|--|
| NAME OF DECEASED<br>(Type or Print)  |                  | 2. DATE OF DEATH  |  |
| Charles Everett McGinnis   |                  | Oct. 1, 1953  |  |
| PLACE OF DEATH:<br>Baltimore City, Maryland  |                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     |  |
| FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)   |                  | A. STATE<br>Maryland  |  |
| St. Joseph's Hospital  |                  | B. COUNTY<br>Baltimore  |  |
| Length of stay in Baltimore  |                  | D. STREET ADDRESS (If rural, give location)   |  |
| Yrs.<br>Mos.<br>Days   |                  | 733 Richwood Avenue - 12  |  |
| SEX  | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   | 8. DATE OF BIRTH                       |
| Male   | White            | Married   | Oct. 5, 1892                           |
| A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)   |                  | 10B. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (In years last birthday)        |
| Painter  |                  |   | 60                                     |
| FATHER'S NAME  |                  | 11. BIRTHPLACE (State or foreign country)   | 12. CITIZEN OF WHAT COUNTRY?           |
| ?  |                  | Baltimore, Md.  | U.S.A.                                 |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  |                  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT ADDRESS                  |
| no or unknown  |                  |   | Mrs. Merhl M. Mc. Ginnis, 733 Richwood |
| 18. CAUSE OF DEATH   |                  |   | INTERVAL BETWEEN ONSET AND DEATH       |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)                                  |                  |   |  |
| (A) Pulmonary infarction   |                  |   |  |
| DUE TO   |                  |   |  |
| ANTECEDENT CAUSES  |                  |   |  |
| (B) Congestive heart failure   |                  |   |  |
| DUE TO   |                  |   |  |
| (C) Generalized arteriosclerosis   |                  |   |  |
| 19. DATE OF OPERATION  |                  |   |  |
| 19B. MAJOR FINDINGS OF OPERATION   |                  |   |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                  |   |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  |                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |                  | 21D. HOW DID INJURY OCCUR?  |  |
| 21E. TIME (Month) (Day) (Year) (Hour) (Minute)   |                  | 21F. INJURY OCCURRED  |  |
| 21G. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                  | 21H. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from Sept. 11, 1953, to Oct. 1, 1953, that I last saw the deceased alive on Oct. 1, 1953, and that death occurred at 5:15 a. m., from the causes and on the date stated above. |                  |   |  |
| 23A. SIGNATURE   |                  | 23B. ADDRESS  |  |
| Charles Formo P.   |                  | 1400 N. Caroline Street - 13  |  |
| M. D.  |                  | 23C. DATE SIGNED  |  |
|  |                  | Oct. 1, 1953  |  |
| A. BURIAL, CREMATION, REMOVAL (Specify)  |                  | 24B. DATE   |  |
| Burial   |                  | Oct. 5, 1953  |  |
| 24C. NAME OF CEMETERY OR CREMATORY   |                  | 24D. LOCATION (City, town, or county) (State)   |  |
| Western Cemetery   |                  | Baltimore, Maryland   |  |
| 25. FUNERAL DIRECTOR   |                  | ADDRESS   |  |
| Leonard J. Buck  |                  | 5305 Harford Rd.  |  |
| VS 150   |                  |   |  |

8748

RECEIVED BY MAIL OF DEPARTMENT  
OF HEALTH

73



J-525  
53 8749

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8749

|  |                               |  |   |
|--|-------------------------------|--|---|
| NAME OF DECEASED<br>(Type or Print) <u>Clarence B. Robinson</u>  |                               | 2. DATE OF DEATH<br><u>Sept. 30-53</u>   |   |
| PLACE OF DEATH:<br><u>Baltimore City, Maryland</u>   |                               | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <u>md.</u><br>B. COUNTY <u>12-03</u> |   |
| FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><u>314 Whitridge Ave.</u>  |                               | C. CITY OR TOWN (If outside corporate limits, write FULL name and give township)<br><u>Baltimore</u>                                   |   |
| Length of stay in Baltimore <u>Wife</u>  |                               | D. STREET ADDRESS (If rural, give location)<br><u>314 Whitridge</u>  |   |
| SEX<br><u>M</u>  | 6. COLOR OR RACE<br><u>W.</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  | 8. DATE OF BIRTH<br><u>Nov. 12, 1905</u>                |
| A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Construction Foreman</u>   |                               | 10B. KIND OF BUSINESS OR INDUSTRY<br><u>Balto. City</u>  | 11. BIRTHPLACE (State or foreign country)<br><u>md.</u> |
| FATHER'S NAME<br><u>Thomas B. Robinson</u>   |                               | 14. MOTHER'S MAIDEN NAME<br><u>Ella Foxfield</u>   |   |
| 1. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><u>no or unknown</u>   |                               | 16. SOCIAL SECURITY NO.  | 17. INFORMANT<br><u>Hilda Robinson</u>                  |
| 18. 201X<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><u>Anemia + Leukopenia - apanulocytic</u><br>DUE TO<br>(A) <u>4 yrs</u><br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B) <u>Hodgkins Disease</u><br>DUE TO<br>(C) <u>6 yrs</u> |                               | CAUSE OF DEATH<br>INTERVAL BETWEEN ONSET AND DEATH<br><u>4 yrs</u><br><u>6 yrs</u>   |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                               |  |   |
| 19A. DATE OF OPERATION<br><u>0</u>   |                               | 19B. MAJOR FINDINGS OF OPERATION   |   |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                               |  |   |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH  |                               | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   |
| 21C. WHERE DID INJURY OCCUR?<br>(If in Baltimore City, give exact location)  |                               | 21D. HOW DID INJURY OCCUR?   |   |
| 21E. TIME (Month) (Day) (Year) (Hour) OF INJURY  |                               | 21F. HOW DID INJURY OCCUR?   |   |
| 21G. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                               |  |   |
| 22. I hereby certify that I attended the deceased from <u>Aug</u> , 1953, to <u>Sept 30</u> , 1953, that I last saw the deceased alive on <u>Sept 28</u> , 1953, and that death occurred at <u>8:45</u> a.m., from the causes and on the date stated above.  |                               |  |   |
| 23A. SIGNATURE<br><u>Stephen J. Van Lill</u>   |                               | 23B. ADDRESS<br><u>2843 St Paul St</u>   |   |
| 23C. DATE SIGNED<br><u>9-30-53</u>   |                               |  |   |
| 24A. DATE OF BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial Oct. 3-53</u>   |                               | 24B. NAME OF CEMETERY OR CREMATORY<br><u>Moreland Memorial</u>   |   |
| 24C. LOCATION (City, town, or county) (State)<br><u>Parkville Balto Md</u>   |                               |  |   |
| 25. FUNERAL DIRECTOR<br><u>Huntington Williams</u>   |                               | ADDRESS<br><u>Frank St Luty 814 St 36th St</u>   |   |

VS 150  
-1953

523 24

0140

11

STATE OF NEW YORK  
CERTIFICATE OF DEATH

CAUSE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8750

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)M.  
OCIE ~~Ossie~~ Head2. DATE  
OF  
DEATH

Sept. 30, '53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1031 W. Baltimore St.

C. Length of stay in Baltimore

10

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

April 10, 1917

9. AGE (In years last birthday)

36

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none Developer

10B. KIND OF BUSINESS OR INDUSTRY

Philips Studios

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Will Richardson

14. MOTHER'S MAIDEN NAME

Laura Witt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

226-78-6520

17. INFORMANT

ADDRESS

Mabel Collins 511 W. Mulberry St

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gastrointestinal hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cirrhosis of liver

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 30, 1953, to Sept 30, 1953 that I last saw the deceased alive on Sept 30, 1953, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Douglas H. Smith

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

9/30/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct 3/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral &amp; 7 Balto md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

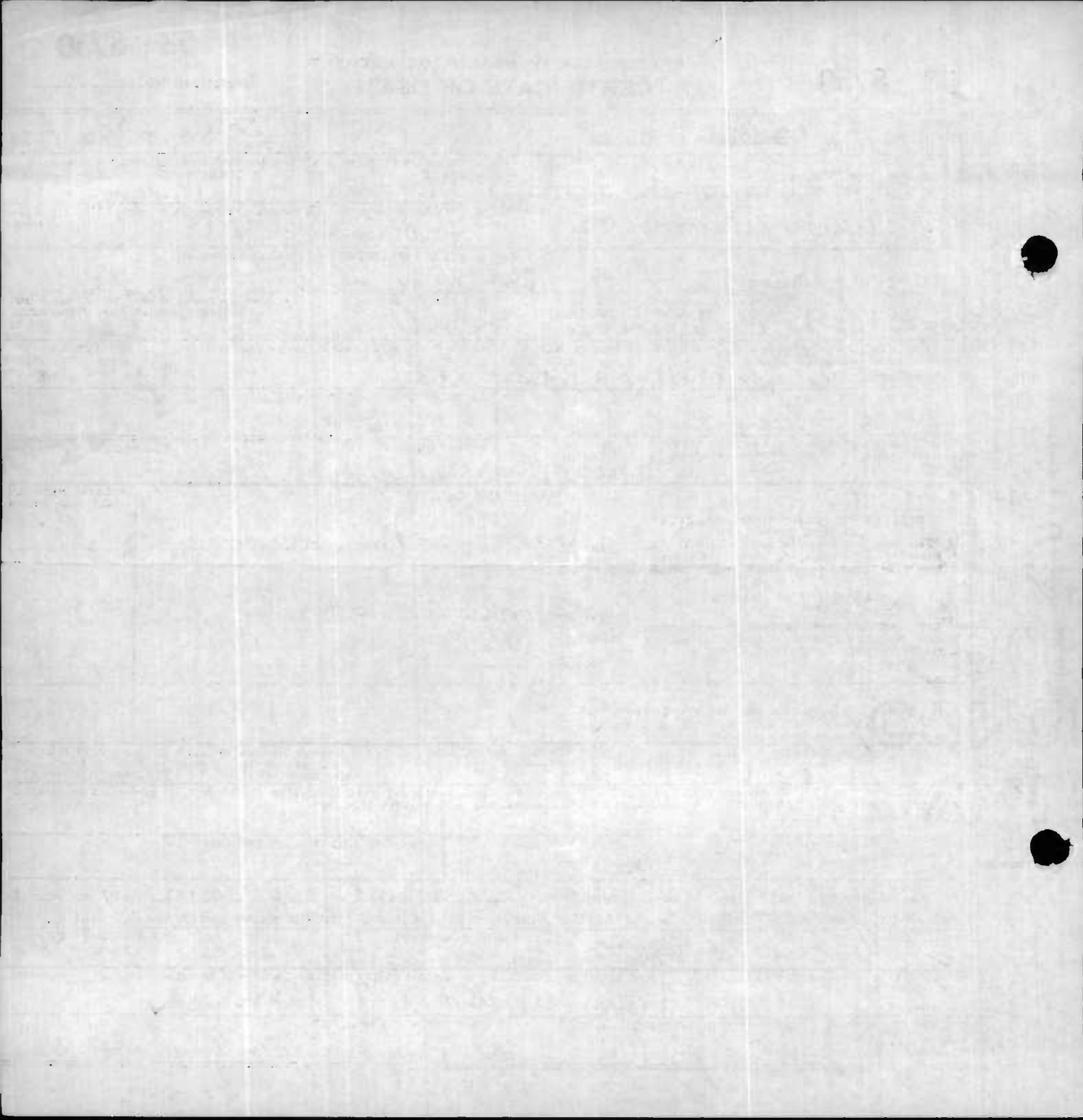
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Harry H. Witzke 4101 Edmondson Ave

ADDRESS





53 8751

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8751

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FRANCIS P. STAFFORD

2. DATE  
OF  
DEATH

SEPT. 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE MD. B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

5 SOUTHFIELD PLACE

C. CITY OR TOWN

BALTO

D. STREET ADDRESS (If rural, give location)

5 SOUTHFIELD PLACE

c. Length of stay in Baltimore

LIFE

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

MAR. 15, 1915

9. AGE (In years last birthday)

38

10 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CLERK

10B. KIND OF BUSINESS OR INDUSTRY

DISTRIBUTING

11. BIRTHPLACE (State or foreign country)

BALTO., MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOSEPH P. STAFFORD

14. MOTHER'S MAIDEN NAME

MARY J. McAVOY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

YES

W.W.II

16. SOCIAL SECURITY NO.

215-09-8351

17. INFORMANT

MRS FRANCIS ROTH

ADDRESS

ABOVE

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinomatosis abdomen

15 mo

ANTECEDENT CAUSES

(B) DUE TO

Carcinoma, stomach

?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

June 1952

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Ca. of Stomach

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1953, to Sept 29, 1953, that I last saw the deceased alive on Sept 24, 1953, and that death occurred at 8:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Frederick J. Vallentyne

M. D.

23B. ADDRESS

6100 York Rd

23C. DATE SIGNED

Oct 1, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

OCT. 3 1953

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

A.W. JENKINS &amp; SONS Co. 4905 YORK RD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

DR. VOLLMER

6100 YORK RD

1078 72

M-620  
53 8752BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8752

Registered No.

IRTH NO. 51-19792

NAME OF DECEASED  
(Type or Print)

Mario Morici

2. DATE  
OF  
DEATH

9-30-53

PLACE OF DEATH:

Baltimore City, Maryland

yes

FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1113 Cedarcroft Rd

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1113 CEDARCROFT RD

Length of stay in Baltimore

2 yrs - 2 mos

Yrs.  
Mos.  
Days

SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR  
INDUSTRY

NONE

FATHER'S NAME

Louis Morici

8. DATE OF BIRTH

Aug 18, 1951

9. AGE (In years  
last birthday)

2 yrs

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Lillian Blackely

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

LOUIS MORICI 1113 CEDARCROFT RD.

18. 753.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Malnutrition

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Cerebral Maldevelopment

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Hypoglycemia

Aspiration of feeding

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

0

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

0

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

INJURY OCCURRED

21. TIME (Month) (Day) (Year) (Hour)

G

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951, to Sept 30, 1953 that I last saw the  
deceased alive on Sept 23, 1953, and that death occurred at 3.00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Norm Fineman, M.D.

23B. ADDRESS

4004 Liberty Heights Ave

23C. DATE SIGNED

9/30/53

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

OCT 2 1953

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM

24D. LOCATION (City, town, or county) (State)

4430 BELAIR RD MD

RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

7110 BELAIR RD

WATLEY

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8753**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**Almeta Thomas**2. DATE  
OF  
DEATH**Sept. 29, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR INSTITUTION**UNIVERSITY HOSPITAL**C. CITY OR TOWN (If outside corporate limits, write R.R. No. and give  
township)**BALTIMORE**

D. STREET ADDRESS (If rural, give location)

**628 SARATOGA ST.**

c. Length of stay in Baltimore

5. SEX

**Female**

6. COLOR OR RACE

**NEGRO**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)**MARRIED**

8. DATE OF BIRTH

**April 15, 1923**9. AGE (In years,  
last birthday)**30**

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**HOUSE WIFE**10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Florence S.C.**12. CITIZEN OF  
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

**Andrew Jackson**

14. MOTHER'S MAIDEN NAME

**Ellen Kelly**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)**NO**16. SOCIAL  
SECURITY NO.

17. INFORMANT

**William F Thomas**

ADDRESS

**628 Saratoga St.**

18.

**625X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

**Pulmonary Embolism**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

**Thrombophlebitis of Pelvic Veins****Corpus luteum Hematoma**INTERVAL BETWEEN  
ONSET AND DEATH

II

OTHER SIGNIFICANT COINCIDING CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept. 29, 1953** to **Sept. 29, 1953**, that I last saw the  
deceased alive on **Sept. 29, 1953**, and that death occurred at **12:10 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**Douglas N. Smith**

M.D.

23B. ADDRESS

**University Hospital**

23C. DATE SIGNED

**10/29/53**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

**10/2/1953**

24C. NAME OF CEMETERY OR CREMATORY

**Florence S.C.**

24D. LOCATION (City, town, or county)

**Florence S.C.**

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington W. Brown**

25. FUNERAL DIRECTOR

**John R. Williams**

ADDRESS

**322 N. Schroeder St.**

2078

2

2078

2



B. 210  
53 8754BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8754  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)Mouford  
Thomas2. DATE  
OF  
DEATH10-1-53  
3. PLACE OF DEATH:  
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)  
University Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

14 Yrs.  
Mos  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE. MARRIED.  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

414X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 1 - 1953

VS 150

29010

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1873 35

1873 35



53 8755

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8755

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)*Helene Lee*2. DATE  
OF  
DEATH*Sept. 30 - 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*Med. Center 4*4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE*Md.*

B. COUNTY

*15-47*B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE*JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Baltimore 16*

D. STREET ADDRESS (If rural, give location)

*3031 Wyman Falls Phwy*

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

*4-21-89**64*

11. BIRTH PLACE (State or foreign country)

*Richmond Va*12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

*Charles Slaughter*

14. MOTHER'S MAIDEN NAME

*Marta*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*JOHNS HOPKINS HOSPITAL*18. *203X*

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) *Multiple Myeloma*

DUE TO

*3 years*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-4-*, 1953 to *9-30-*, 1953, that I last saw the deceased alive on *9-30-*, 1953, and that death occurred at *6:00 a* m., from the causes and on the date stated above.

23A. SIGNATURE

*M. Slaughter*

23B. ADDRESS

*JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED

*9-30-53*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

*Burial**Oct. 8, 1953**Rosemont Cem - Suffolk Va.**Suffolk Va.*DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Huntington Williams, M.D.**322 N.**Mrs. Katie R. Williams**Schroeder St.*

2073 24

2073 24



L-200  
53 8756BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8756  
Registered No.

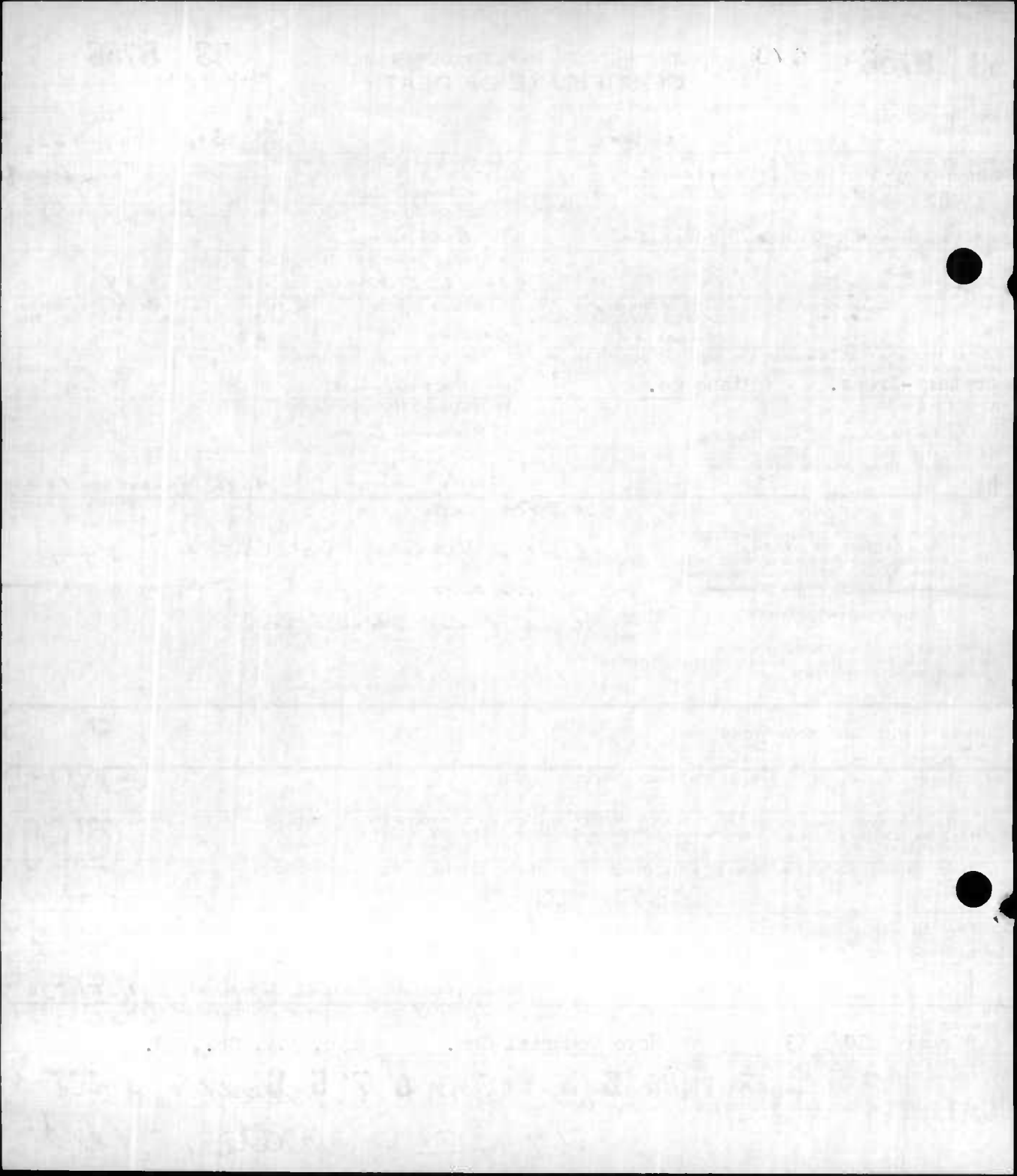
IRTH NO.

|  |                              |   |  |  |   |
|--|------------------------------|---|--|--|---|
| NAME OF DECEASED<br>(Please Print) <i>Benjamin C. Lewis</i>  |                              |   | 2. DATE OF DEATH <i>Sept. 30, 1953</i>   |  |   |
| PLACE OF DEATH: <i>Baltimore City, Maryland Maryland</i>   |                              |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Maryland</i><br>B. COUNTY |  |   |
| FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><i>Maryland general hospital</i> |                              |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i>                               |  |   |
| Length of stay in Baltimore <i>life</i>  |                              |   | D. STREET ADDRESS (If rural, give location)<br><i>4605 Manordene Rd. # 29</i>  |  |   |
| SEX<br><i>M</i>  | 6. COLOR OR RACE<br><i>W</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>married</i> | 8. DATE OF BIRTH<br><i>Dec. 24, 1983</i>   | 9. AGE (In years last birthday)<br><i>69</i> | If Under 1 Year Months: Days: If Under 24 Hours Hours: Min. |
| 1. USUAL OCCUPATION (Give kind of time during most of working life, even if retired)<br><i>Secretary-Treas.</i>                |                              | 10a. KIND OF BUSINESS OR INDUSTRY<br><i>Piano Co.</i>             | 11. BIRTHPLACE (State or foreign country)<br><i>Maryland</i>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><i>U. S. A.</i>             |
| FATHER'S NAME<br><i>Benjamin C. Lewis</i>  |                              |   | 14. MOTHER'S MAIDEN NAME<br><i>Anna Dove</i>   |  |   |
| WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><i>no</i>                                   |                              | 16. SOCIAL SECURITY NO.   | 17. INFORMANT ADDRESS<br><i>Bennie Lewis 4605 Manordene Rd #29</i>   |  |   |

|   |  |                                       |  |                                  |  |
|---|--|---------------------------------------|--|----------------------------------|--|
| 18. <i>331X I</i>   |  | CAUSE OF DEATH                        |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) |  | (A) <i>Cerebro. Vascular Accident</i> |  | <i>7 days</i>                    |  |
| ANTECEDENT CAUSES   |  | DUE TO                                |  |                                  |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |  | (B) <i>Right Sided Hemiplegia</i>     |  |                                  |  |
|   |  | DUE TO                                |  |                                  |  |
|   |  | (C)                                   |  |                                  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |                                       |  |                                  |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19A. DATE OF OPERATION <i>0</i>   |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>    |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH   |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)    |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)    |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <i>9/24</i> , 19 <i>53</i> , to <i>9/30</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>9/30</i> , 19 <i>53</i> and that death occurred at <i>7:24 a. m.</i> , from the causes and on the date stated above. |  |  |  |   |  |
| 23A. SIGNATURE<br><i>Valeriana B. Castillo</i>  |  | 23B. ADDRESS<br><i>Maryland general hospital</i>   |  | 23C. DATE SIGNED<br><i>9/30/53</i>  |  |
| 24a. DATE<br><i>10/3/53</i>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><i>Mayo Memorial Cem.</i>                              |  | 24d. LOCATION (City, town, or county) (State)<br><i>Mayo, A.A. Co., Md.</i> |  |
| 25. FUNERAL RECEIVED BY<br><i>Huntington Williams, Jr.</i>  |  | 25. FUNERAL DIRECTOR<br><i>J. E. Eickner &amp; Sons</i>                                      |  | ADDRESS<br><i>Balto 17, Md.</i>   |  |

29032





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8757  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)W.  
Ernest Pritchard2. DATE  
OF  
DEATH

Sept. 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St. Agnes Hospital

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

3108 Ferndale Ave. (7)

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9-1-1889

9. AGE (In years  
last birthday)

64

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Connect Broker

10B. KIND OF BUSINESS OR  
INDUSTRY

Confection

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Ernest F. Pritchard

Dec'd

14. MOTHER'S MAIDEN NAME

Margaret Miskell

Dec'd

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. L.Q. Pritchard-3108 Ferndale Ave.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Disseminated tuberculosis

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

3 months

ANTECEDENT CAUSES

(B)

Reactivated TB, left lung

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (a.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-21 1953, to 9-29 1953, that I last saw the  
deceased alive on 9-29 1953, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Ronald A. Wolke

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

9-30-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/2/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

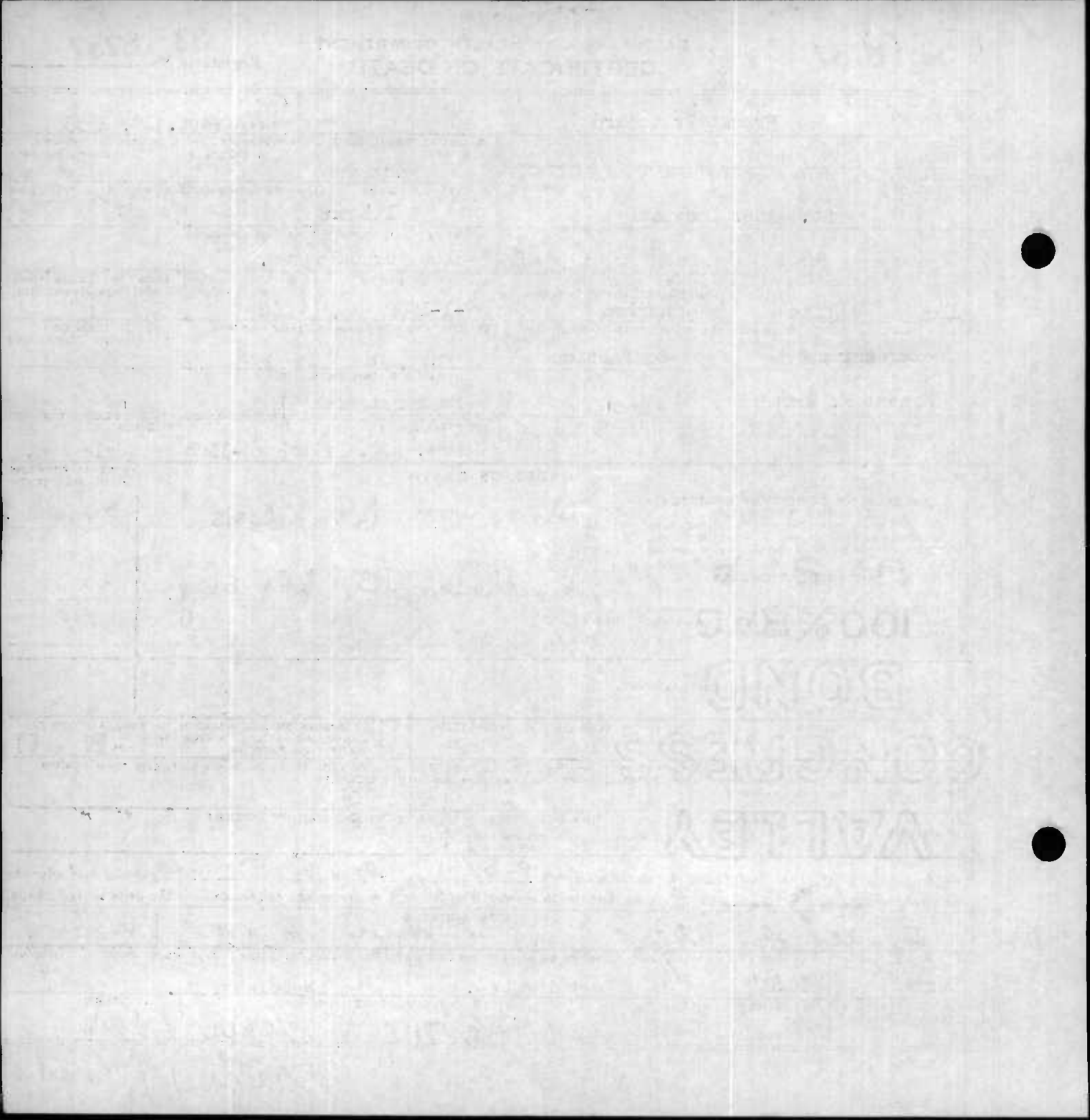
REGISTRAR'S SIGNATURE

Huntington, Williams, M.

25. FUNERAL DIRECTOR

B. M. S. Pickner &amp; Sons

ADDRESS



P-625  
53 8758BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8758  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

IDA M. PARSONS

2. DATE  
OF DEATH Sept. 30, 19533. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)  
Md.B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

3217 Howard Park Ave.

C. CITY OR TOWN (If outside corporate limits, write R.R.A. and give  
Baltimore township)D. STREET ADDRESS (If rural, give location)  
3217 Howard Park Ave

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
widowed

8. DATE OF BIRTH

Nov. 4, 1863

9. AGE (In years

last birthday)

89

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

George Maxon

14. MOTHER'S MAIDEN NAME

Ella King

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Mrs. Harriet Pierce-3217 Howard Park Ave.

18. 420.0 and 199.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Anterior - Sclerotic Heart  
Disease

10 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) (C) Abdominal Tumor {Probably  
cancer}

9 months

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

- Generalized Anterior - Sclerosis

10 yrs.

19A. DATE OF OPERATION

none

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 28, 1949 to Sept. 30, 1953 that I last saw the  
deceased alive on Sept. 30, 1953 and that death occurred at 3:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Paul L. Chambers

M. D.

23B. ADDRESS

4108 Liberty Hts. A.

23C. DATE SIGNED

9/30/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

10/3/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cem.

24D. LOCATION (City, town, or county)

Rochester, N. Y.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Hall, 1500 N. 2nd St. W. Baltimore, Md.

25. FUNERAL DIRECTOR

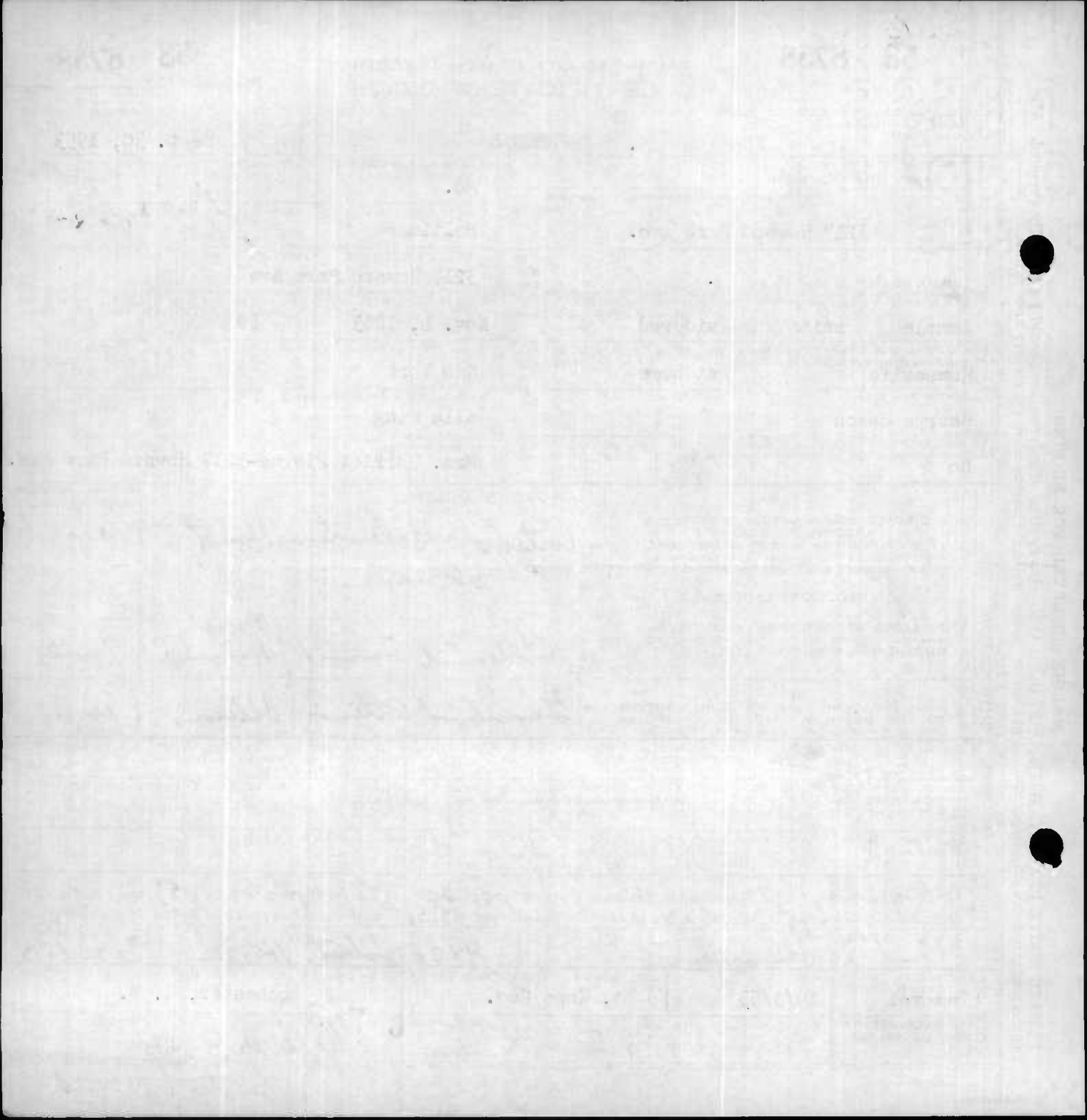
ADDRESS

Barto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be (legally supplied. The correct age is especially important. Physicians: write the causes of death clearly and legibly.



H-540  
53 8759

53 8759

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>BELIE HONEYWELL</b>   |                                  | 2. DATE OF DEATH<br><b>Oct. 1, 1953</b>   |  |
| 3. PLACE OF DEATH:<br>A. <b>Baltimore City, Maryland</b>  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Md.</b><br>B. COUNTY _____ |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>70 Kirkleigh Villa</b>  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                                |  |
| c. Length of stay in Baltimore<br>Yrs. _____<br>Mos. _____<br>Days _____  |                                  | D. STREET ADDRESS (If rural, give location)<br><b>1301 Roland Ave.</b>  |  |
| 5. SEX<br><b>female</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>widowed</b>   | 8. DATE OF BIRTH<br><b>Nov. 21, 1868</b>     |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b> |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>at home</b>   | 9. AGE (in years last birthday)<br><b>84</b> |
| 13. FATHER'S NAME<br><b>Henry Foxwell Owens</b>   |                                  | 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____   |                                  | 12. CITIZEN OF WHAT COUNTRY?<br>_____   |  |
| 16. SOCIAL SECURITY NO. _____   |                                  | 14. MOTHER'S MAIDEN NAME<br>---   |  |
| 17. INFORMANT<br><b>Mr. James O. Honeywell</b>  |                                  | ADDRESS<br><b>4404 Flowerton Rd.</b>  |  |

|   |  |   |
|---|--|---|
| 18. <b>422.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Cerebro-vascular accident</b> | CAUSE OF DEATH<br>(A) <b>Cerebro-vascular accident</b><br>DUE TO | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 hr</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Arteriosclerotic cardio-vascular disease</b>   | (B) <b>Arteriosclerotic cardio-vascular disease</b><br>DUE TO    | <b>10 yrs</b>                                   |
| II<br>OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.  |  |   |

|  |   |  |  |
|--|---|--|--|
| 19A. DATE OF OPERATION<br><b>0</b>   | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  | IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>1943</b> , 19__, to <b>Oct. 1</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>9/29</b> , 19 <b>53</b> , and that death occurred at <b>79</b> m., from the causes and on the date stated above. |   |  |  |
| 23A. SIGNATURE<br><b>Thomas C. Todd</b>  | 23B. ADDRESS<br><b>2108 St Paul St</b>  | 23C. DATE SIGNED<br><b>10/1/53</b>                                       |  |

|  |  |   |   |
|--|--|---|---|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24B. DATE<br><b>10/3/53</b>  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Druid Ridge Cem.</b>           | 24D. LOCATION (City, town, or county) (State)<br><b>Pikesville, Md.</b> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 1 - 1953</b>    | REGISTRAR'S SIGNATURE<br><b>Wm. J. Fisher &amp; Louis Baeto. 17, Md.</b> | 25. FUNERAL DIRECTOR<br><b>Wm. J. Fisher &amp; Louis Baeto. 17, Md.</b> | ADDRESS   |

MARGIN RESERVED FOR BINDING  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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1100 W. 11th St.

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3 8761

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8761  
Registered No.

TH NO.

NAME OF DECEASED  
(Last name and first name)

IDA V. LLA LABONTE

2. DATE  
OF  
DEATH

October 1, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

414 S. Payson St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

20-03

D. STREET ADDRESS (If rural, give location)

414 S. Payson St.

Length of stay in Baltimore

Life

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

FEMALE WHITE

MARRIED

8. DATE OF BIRTH

JUNE 11, 1876

9. AGE (In years last birthday)

77

10. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

12. KIND OF BUSINESS OR INDUSTRY

Domestic

13. BIRTHPLACE (State or foreign country)

MARYLAND

14. CITIZEN OF WHAT COUNTRY?

U.S.A.

FATHER'S NAME

John Hinton

15. MOTHER'S MAIDEN NAME

Virginia Cooper

16. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No NONE

17. SOCIAL SECURITY NO.

NONE

18. INFORMANT

ADDRESS

Wm. F. LABONTE 414 S. Payson St.

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary thrombosis

DUE TO

ANTECEDENT CAUSES

(B)

Cerebral embolus

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

none 8/1/52

1 day

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

arteriosclerosis

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) OF INJURY

22E. INJURY OCCURRED

22F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8/1, 1953, to 10/1, 1953, that I last saw the deceased alive on 10/1, 1953, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Virginia Williams MD

M. D.

2630 Wilkens Ave 10/1/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25A. RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

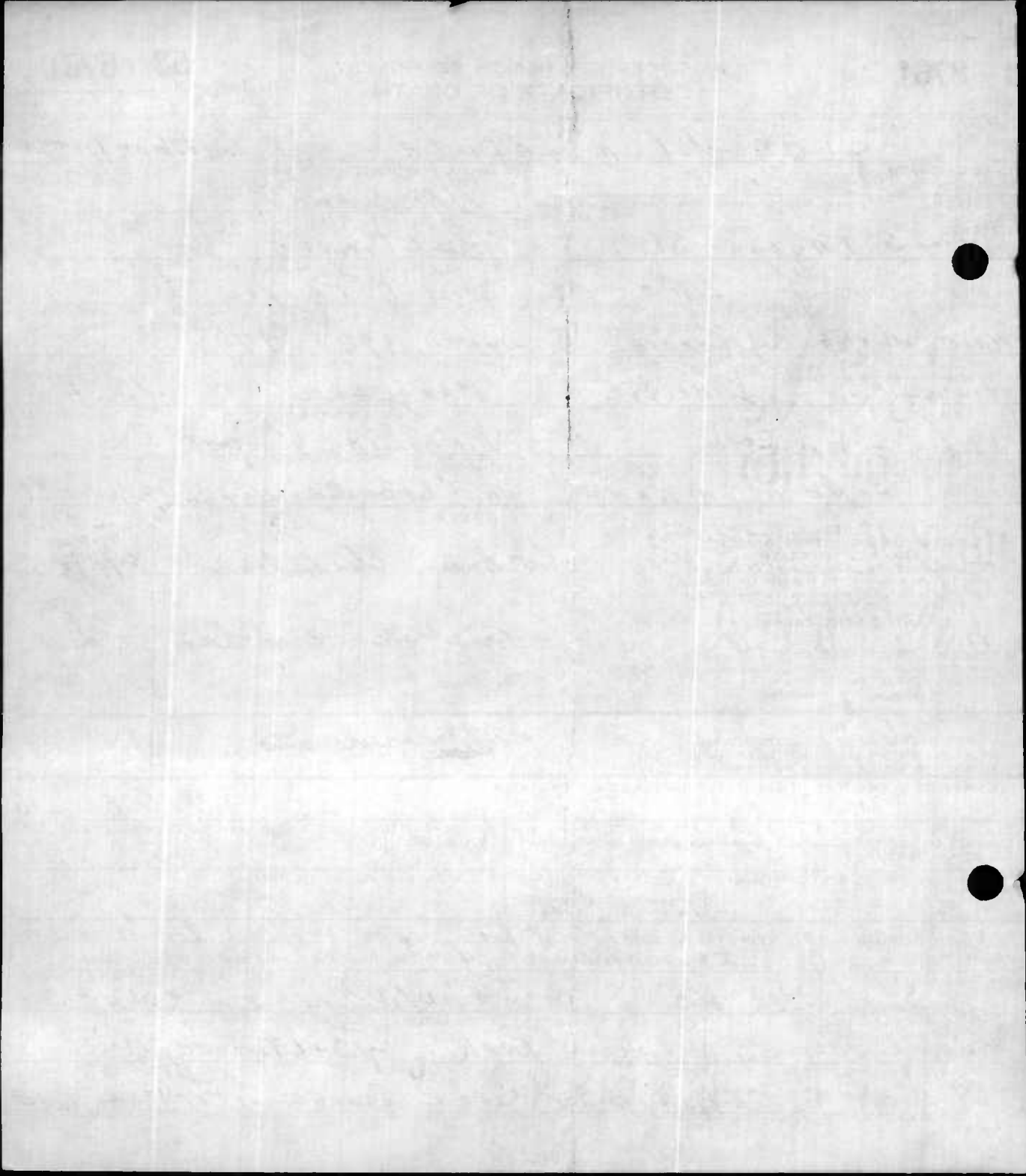
25. FUNERAL DIRECTOR

ADDRESS

OCT 2-1953

Huntington W. B. Davis, M.D.

GEO. L. Schwab 2101 Frederick Ave



4-230  
8762BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8762

TH NO.

NAME OF DECEASED  
(Type or Print)

Amelia Hecht

2. DATE  
OF  
DEATH

Sept. 30, 1953

PLACE OF DEATH:

Baltimore City, Maryland Baltimore, Md.

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION 3615 Seven Mile Lane4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore, MarylandD. STREET ADDRESS (If rural, give location)  
3615 Seven Mile Lane

Length of stay in Baltimore life

Yrs.  
Mos.  
Days

SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
widow8. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

FATHER'S NAME

Solomon Doeplitz

8. DATE OF BIRTH

8-22-1861

9. AGE (in years  
last birthday)

92

If Under 1 Year  
Months: Days

1

8

If Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Clara Block

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mrs. Abraham Blattner Rochester Ct.  
Apt.

18. 450.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Myocardial failure

5 months

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B)

arterio-sclerosis

5 yrs

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1953 to Sept 30, 1953, that I last saw the  
deceased alive on Sept 29, 1953, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Frederick Leitz

23B. ADDRESS

M. D.

Temple Garden Bldg 7

23C. DATE SIGNED

Oct 1-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

10-2-53

24C. NAME OF CEMETERY OR CREMATORY

Balto. Hebrew Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

OCT 2-1953

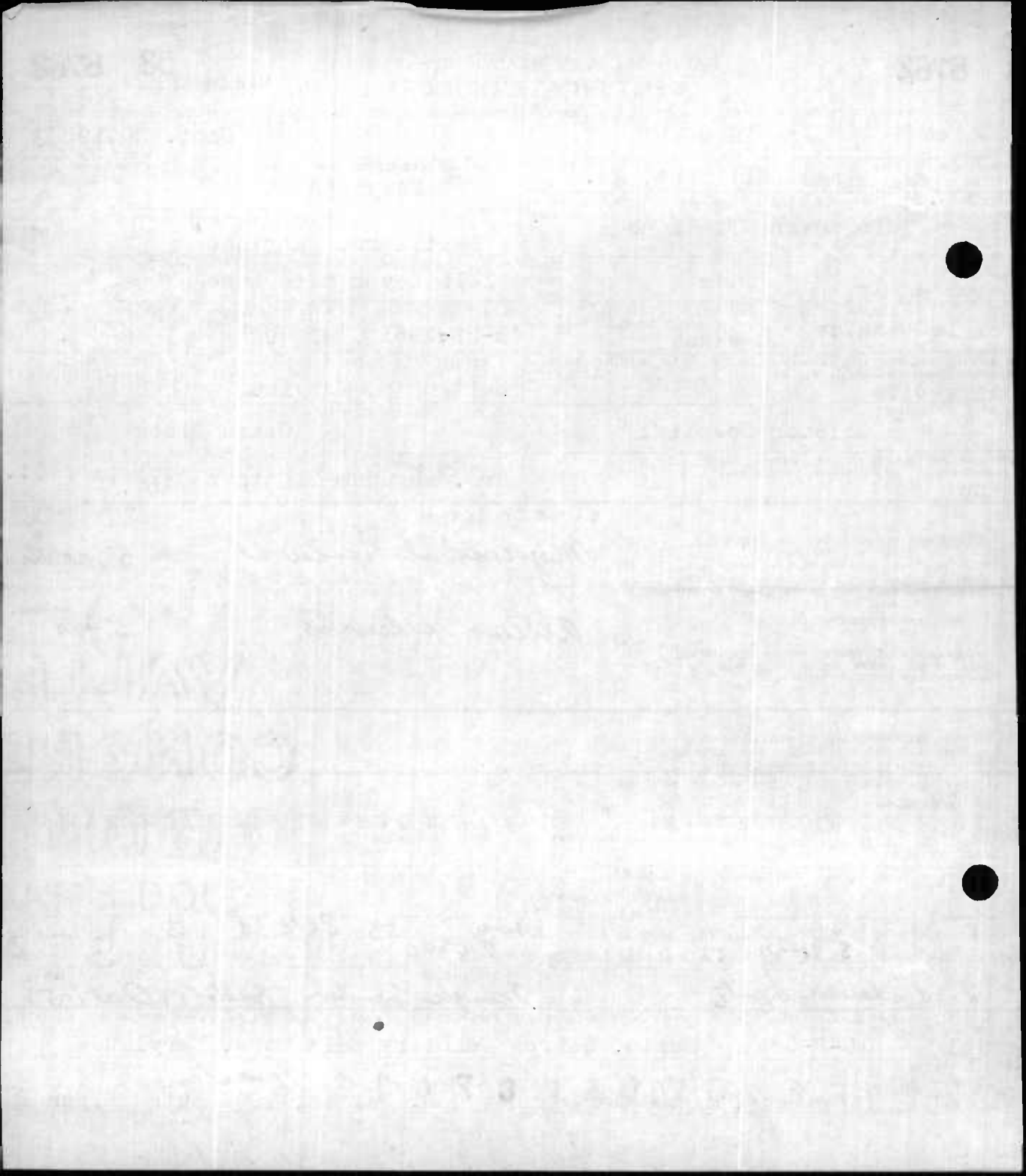
Huntington, W. Va.

25. FUNERAL DIRECTOR

David R. Martin

ADDRESS

1902 Eutaw Place



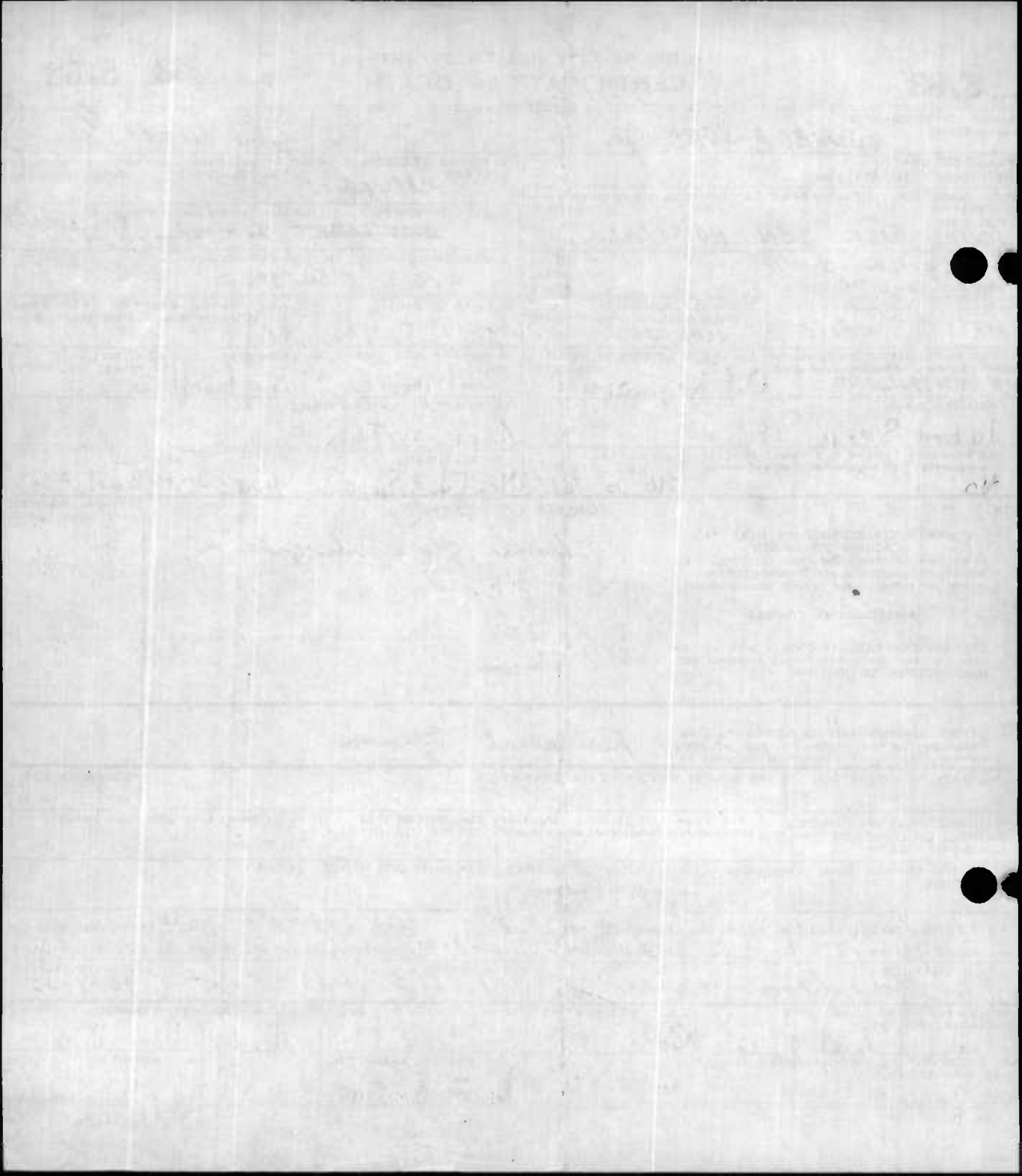


BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8763

|  |                                  |   |   |
|--|----------------------------------|---|---|
| NAME OF DECEASED<br>(Type or Print) <b>EDWARD A. SERP Jr.</b>  |                                  | 2. DATE OF DEATH <b>10-1-53</b>   |   |
| PLACE OF DEATH:<br><b>Baltimore City, Maryland</b>   |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MARYLAND</b> B. COUNTY     |   |
| FULL NAME OF HOSPITAL OR INSTITUTION<br><b>SOUTH BALTO. GEN. HOSPITAL</b>  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give name)<br><b>BALTIMORE BROOKLYN</b>                           |   |
| Length of stay in Baltimore  |                                  | D. STREET ADDRESS (If rural, give location)<br><b>4102 5th St. 25-04</b>  |   |
| SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b>   | 8. DATE OF BIRTH<br><b>August 8, 1905</b> |
| 9. AGE (In years last birthday)<br><b>48</b>   |                                  | 10. CITIZENSHIP (If Under 1 Year: Months; Days; If Under 24 Hours: Hours; Min.)   |   |
| 11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>PERMANENT</b>   |                                  | 12. KIND OF BUSINESS OR INDUSTRY<br><b>Oil Refinery</b>   |   |
| 13. FATHER'S NAME<br><b>Edward Serp Sr.</b>  |                                  | 14. MOTHER'S MAIDEN NAME<br><b>ANNA SVITAK</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>216-05-7617</b>   |   |
| 17. INFORMATION ADDRESS<br><b>Mrs. Ed. A. Serp Jr. 4102 5th St. Balto #25</b>  |                                  | 18. CAUSE OF DEATH<br><b>Chronic glomerulonephritis</b>   |   |
| 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>59yr</b>                                 |                                  | 20. INTERVAL BETWEEN ONSET AND DEATH<br><b>-</b>  |   |
| 21. ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Terminal uremia</b>   |                                  | 22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><b>-</b> |   |
| 19A. DATE OF OPERATION <b>0</b>  |                                  | 19B. MAJOR FINDINGS OF OPERATION  |   |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                  |   |   |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>   |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                                       |   |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |                                  | 21D. HOW DID INJURY OCCUR?  |   |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  |   |   |
| 22. I hereby certify that I attended the deceased from <b>9-8-1903</b> , to <b>10-1-1953</b> , that I last saw the deceased alive on <b>10-1-1953</b> , and that death occurred at <b>2:21 Am.</b> , from the causes and on the date stated above. |                                  |   |   |
| 23A. SIGNATURE<br><b>Donald Bennet Jensen</b>  |                                  | 23B. ADDRESS<br><b>1203 Lynd St</b>   |   |
| 23C. DATE SIGNED<br><b>10-1-53</b>   |                                  |   |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   |                                  | 24B. DATE<br><b>Oct. 5, 1953</b>  |   |
| 24C. NAME OF CEMETERY OR CREMATORY<br><b>Cedar Hill Cemetery</b>   |                                  | 24D. LOCATION (City, town, or county) (State)<br><b>Anne Arundel Co. Md.</b>  |   |
| 25. FUNERAL DIRECTOR<br><b>George J. Gonce</b>   |                                  | ADDRESS<br><b>4001 Ritchie Highway Balto #25</b>  |   |

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BALTIMORE CITY HEALTH DEPARTMENT  
 CERTIFICATE OF DEATH

Registered No. 53 8764

A-250  
 8764

BIRTH NO.

1. NAME OF DECEASED  
 (Type or Print)

ABRAHAM ASKIN

2. DATE  
 OF  
 DEATH

9-30-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 A. STATE B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
 HOSPITAL OR INSTITUTION

3514 LABYRINTH RD

C. CITY OR TOWN (If outside corporate limits, with RURAL, and give township)  
 BALTIMORE

D. STREET ADDRESS (if rural, give location)  
 3514 LABYRINTH Rd

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
 WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

OCT. 15, 1890

9. AGE (In years last birthday)

62

10. Under 1 Year 11. Under 24 Hours

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MERCHANT

10B. KIND OF BUSINESS OR INDUSTRY

UNDERWEAR

11. BIRTHPLACE (State or foreign country)

BALTO. MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JOSEPH ASKIN

14. MOTHER'S MAIDEN NAME

ESTHER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

EDGAR ASKIN

ADDRESS

SAME

18.

157X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
 (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) carcinoma of pancreas

DATE TO

INTERVAL BETWEEN ONSET AND DEATH

Jul. 1953

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DATE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19. DATE OF OPERATION

Sept 1953

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

carcinoma of pancreas

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jul., 1953, to Sept 30, 1953, that I last saw the deceased alive on Sept 29, 1953, and that death occurred at 12 noon, from the causes and on the date stated above.

23A. SIGNATURE

Edgar Askin

23B. ADDRESS

M. D. 1720 Eutaw Ave.

23C. DATE SIGNED

9/30/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

10-4-1953

24C. NAME OF CEMETERY OR CREMATORY

CHES SHILOM

24D. LOCATION (City, town, or county)

BALTO

MD

DATE RECEIVED BY LOCAL REGISTRAR

OCT 2-1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Frank Lewis Inc - 2100 Eutaw PL.

ADDRESS

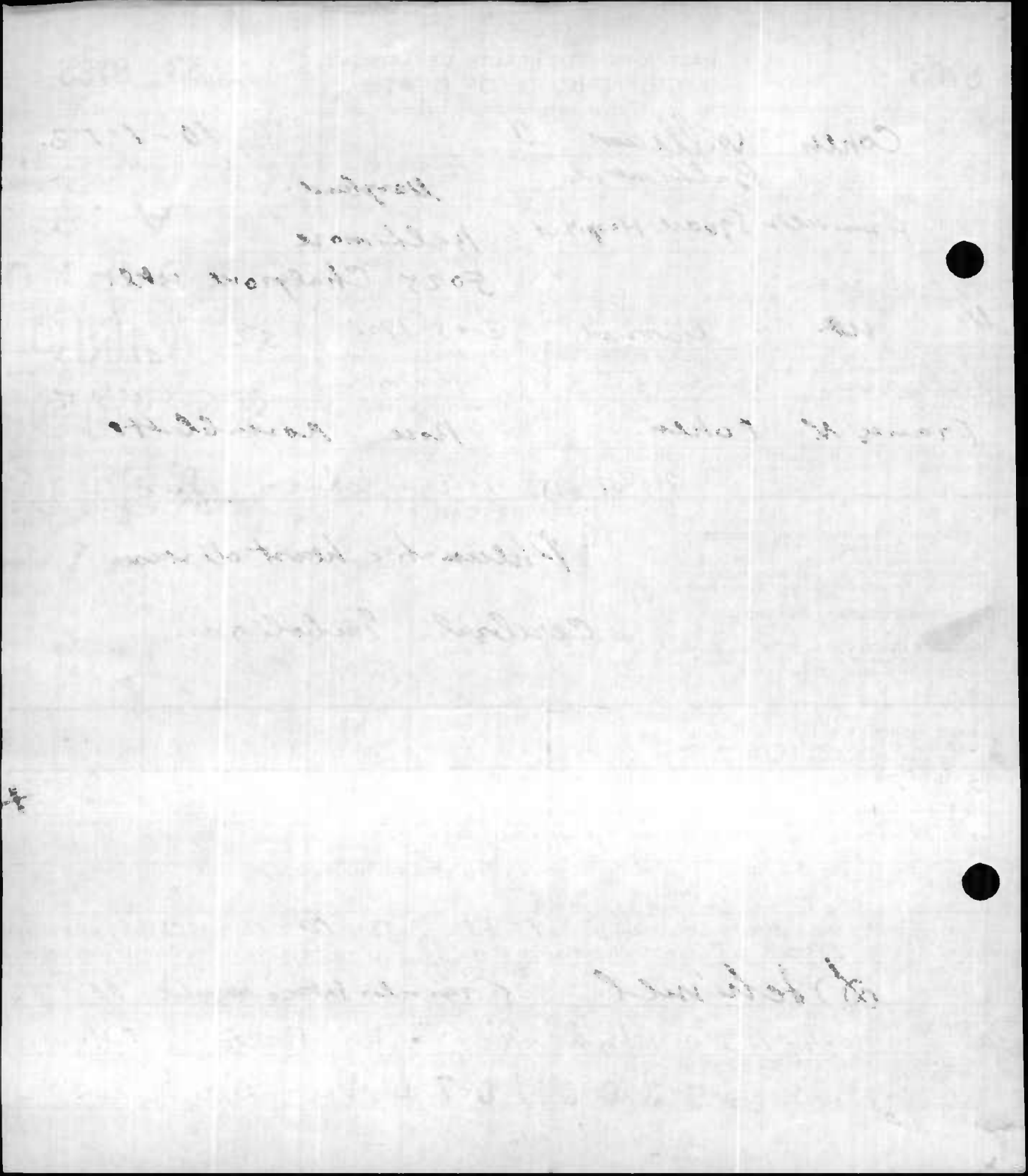
Whitehouse  
1720 Eastons Pl  
La 1129

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 8765**

|  |                            |  |   |
|--|----------------------------|--|---|
| NAME OF DECEASED<br>(Type or Print) <b>Cohen William D.</b>  |                            | 2. DATE OF DEATH <b>10-1-53.</b>   |   |
| PLACE OF DEATH:<br><b>Baltimore City, Maryland Baltimore</b>   |                            | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland.</b> B. COUNTY |   |
| FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>Franklin Square Hospital</b>   |                            | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore 27-17</b>                       |   |
| Length of stay in Baltimore<br>Yrs. Mos. Days  |                            | D. STREET ADDRESS (If rural, give location)<br><b>5025 Chalgrove ave.</b>  |   |
| SEX <b>M</b>   | 6. COLOR OR RACE <b>W.</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married.</b>   | 8. DATE OF BIRTH <b>2-15-1901</b>                 |
| A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Salesman</b>   |                            | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Furniture</b>  | 9. AGE (in years last birthday) <b>52</b>         |
| FATHER'S NAME<br><b>Frank N. Cohen.</b>  |                            | 11. BIRTHPLACE (State or foreign country)<br><b>Russia.</b>  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.G.</b>     |
| 13. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)   |                            | 16. SOCIAL SECURITY NO.<br><b>215-07-6283</b>  | 14. MOTHER'S MAIDEN NAME<br><b>Rose Rosenblat</b> |
| 17. INFORMANT<br><b>Lillian Cohen -</b>  |                            | ADDRESS<br><b>Same</b>   |   |
| 18. CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)<br><b>416 X I Rheumatic heart disease</b><br>(A) DUE TO<br>ANTECEDENT CAUSES<br>(B) <b>Cerebral embolism.</b><br>DUE TO<br>(C)<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. |                            |  | INTERVAL BETWEEN ONSET AND DEATH                  |
| 19. DATE OF OPERATION <b>2</b> 19b. MAJOR FINDINGS OF OPERATION  |                            |  |   |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  |                            | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                     |   |
| 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |                            | 21d. HOW DID INJURY OCCUR?   |   |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                            | 21f. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <b>9-21</b> , 19 <b>53</b> to <b>10-1</b> , 19 <b>53</b> that I last saw the deceased alive on <b>10-15</b> , 19 <b>53</b> , and that death occurred at <b>3:30</b> p.m., from the causes and on the date stated above.   |                            |  |   |
| 23a. SIGNATURE <b>D. Schimmel</b> M.D.   |                            | 23b. ADDRESS <b>Franklin Square Hospital</b>   |   |
| 23c. DATE SIGNED <b>10-1-53</b>  |                            | 23d. LOCATION (City, town, or county) (State)<br><b>Balt. Md.</b>  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                            | 24b. DATE <b>10-4-1953</b>   |   |
| 24c. NAME OF CEMETERY OR CREMATORY<br><b>Wash. Rd.</b>   |                            | 24d. LOCATION (City, town, or county) (State)<br><b>Balt. Md.</b>  |   |
| 25. FUNERAL DIRECTOR<br><b>Huntington 5111</b>   |                            | ADDRESS<br><b>7 Lehigh Ave - 2100 Eutaw Pl</b>   |   |

**49066**





U-455

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8766

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

BERTHA KATZ ULLMAN

2. DATE  
OF  
DEATH

9-30-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1712 Eutaw Place

C. CITY OR TOWN (If outside corporate limits, write C.U.R.A. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1712 Eutaw Place

c. Length of stay in Baltimore

45

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years last birthday)

70

11. Under 1 Year

Months: Days

12. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Honesdale Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William J. Katz

14. MOTHER'S MAIDEN NAME

Eliza Millhauser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

St. Alfred Ullman - Same

18. 204.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

leukolymphosarcoma

INTERVAL BETWEEN ONSET AND DEATH

18 months

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1912, to 9-30, 1953, that I last saw the deceased alive on 9-30, 1953, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Michael B. Kinsman

23B. ADDRESS

2320 Eutaw Pl

23C. DATE SIGNED

10-1-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/2/1953

24C. NAME OF CEMETERY OR CREMATORY

Bellevue Friendship

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

OCT 2 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

St. Alfred Ullman

ADDRESS

2100 Eutaw Pl

Kush  
2020  
Gettard

A 423  
CC-174705

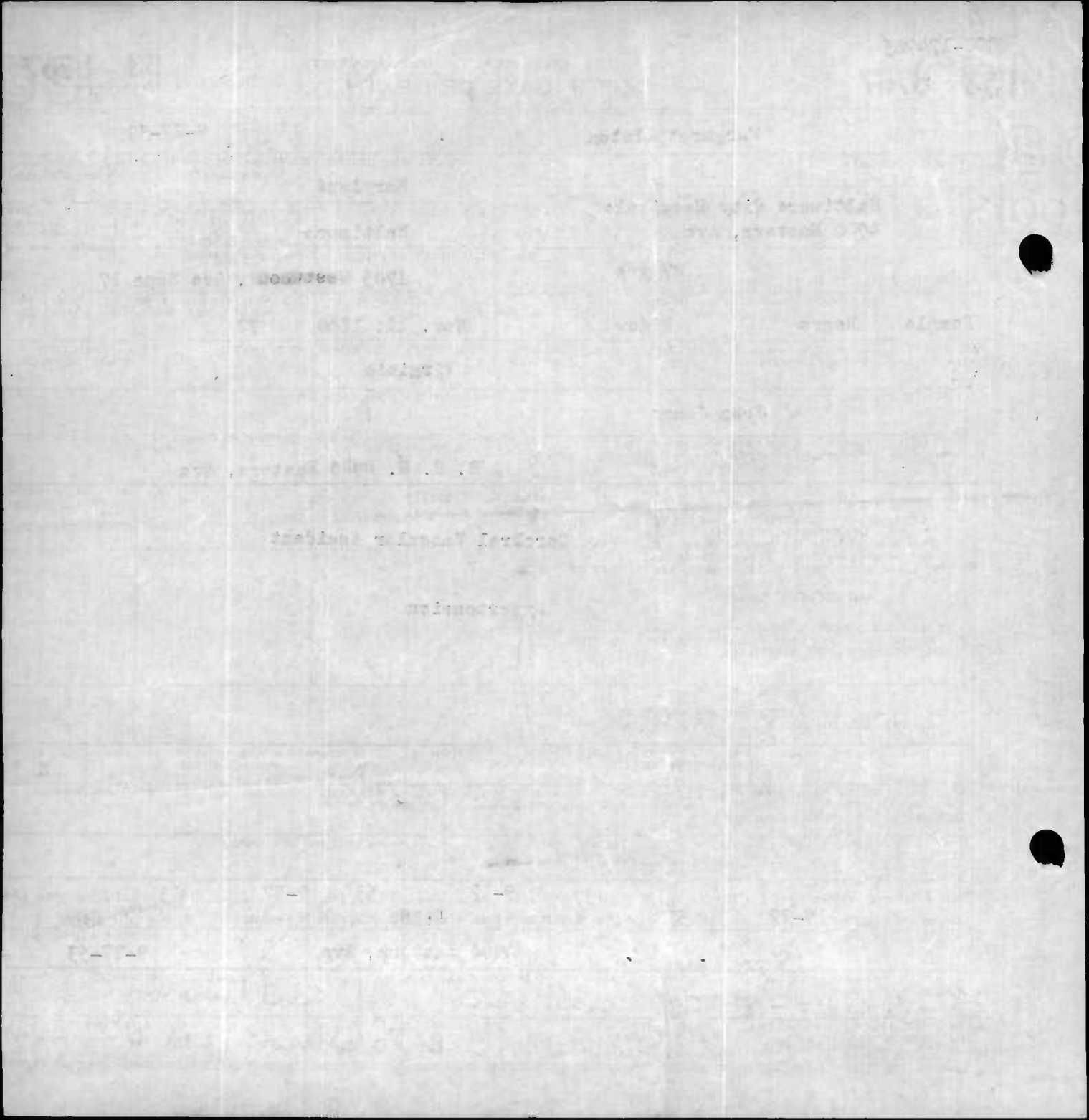
53 8767

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8767

|  |                                  |  |  |
|--|----------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Margaret Alston</b>  |                                  | 2. DATE OF DEATH<br><b>9-27-53</b>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Baltimore City Hospitals</b><br><b>4940 Eastern, Ave</b>   |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                               |  |
| c. Length of stay in Baltimore <b>27 yrs</b><br>Yrs. Mos. Days   |                                  | D. STREET ADDRESS (If rural, give location)<br><b>1705 Westwood, Ave Zone 17</b>   |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>Negro</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widow</b>  | 8. DATE OF BIRTH<br><b>Nov. 11, 1880</b> |
| 9. AGE (In years last birthday)<br><b>72</b>   |                                  | 10. Under 1 Year Months: Days<br>11. Under 24 Hours Hours: Min.  |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |                                  | 10B. KIND OF BUSINESS OR INDUSTRY  |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Virginia</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY?   |  |
| 13. FATHER'S NAME<br><b>John Jones</b>   |                                  | 14. MOTHER'S MAIDEN NAME<br><b>?</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)   |                                  | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT<br><b>B. C. H. 4940 Eastern, Ave</b>   |                                  | ADDRESS  |  |
| 18. <b>331X I</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Cerebral Vascular Accident</b><br>DUE TO<br>ANTECEDENT CAUSES<br><b>Hypertension</b><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>DUE TO<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                                  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19A. DATE OF OPERATION<br><b>0</b>   |                                  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   |  |
| 19C. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |                                  | 19D. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?   |  |
| 20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  |                                  | 20B. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  |
| 20C. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20D. HOW DID INJURY OCCUR?   |  |
| 21. I hereby certify that I attended the deceased from <b>9-17</b> , 19 <b>53</b> , to <b>9-27</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>9-27</b> , 19 <b>53</b> , and that death occurred at <b>8:38p m.</b> , from the causes and on the date stated above.  |                                  |  |  |
| 22A. SIGNATURE<br><b>H. J. Jones</b>   |                                  | 22B. ADDRESS<br><b>4940 Eastern, Ave</b>   |  |
| 22C. DATE SIGNED<br><b>9-27-53</b>   |                                  | 22D. LOCATION (City, town, or county) (State)<br><b>Baltimore</b>  |  |
| 23A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Buried</b>   |                                  | 23B. DATE<br><b>10-2-53</b>  |  |
| 23C. NAME OF CEMETERY OR CREMATORY<br><b>Arbutus</b>   |                                  | 23D. LOCATION (City, town, or county) (State)<br><b>Baltimore</b>  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 2-1953</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>Huntington W. Harrison</b>   |  |
| FUNERAL DIRECTOR<br><b>Chas. O. Wilson</b>   |                                  | ADDRESS<br><b>1000 Bunting</b>   |  |



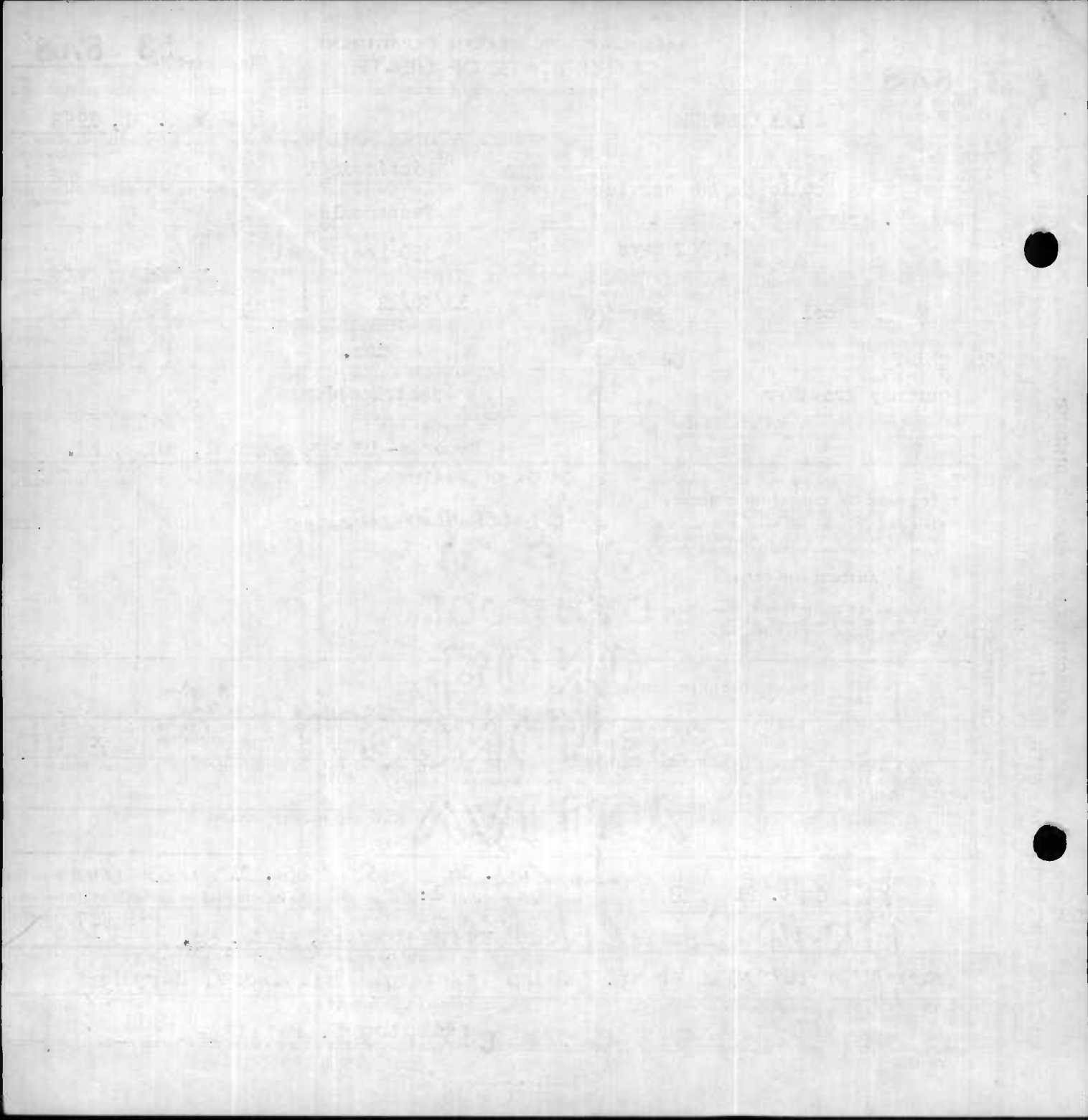
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8768

BIRTH No. 53 8768

|  |                                |  |   |   |   |
|--|--------------------------------|--|---|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>LEE CROWTHER</b>   |                                |  | 2. DATE OF DEATH <b>Sept. 21, 1953</b>  |   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Mississippi</b><br>B. COUNTY |   |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>US Public Health Service Hospital</b><br><b>Wyman Pk. Drive &amp; 31st street</b>   |                                |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Pascagoula</b>                                 |   |   |
| c. Length of stay in Baltimore <b>? 342 days</b><br>Yrs. Mos. Days   |                                |  | D. STREET ADDRESS (If rural, give location)<br><b>350 Lee Street</b>  |   |   |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>col</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 8. DATE OF BIRTH<br><b>11/26/11</b>   | 9. AGE (In years last birthday)<br><b>41</b>                                    | 10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>2nd Chief</b>  |                                | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Seafarer</b>   | 11. BIRTHPLACE (State or foreign country)<br><b>Miss.</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>                    |
| 13. FATHER'S NAME<br><b>Monroney Crowther</b>  |                                |  | 14. MOTHER'S MAIDEN NAME<br><b>Beatrice Jones</b>   |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>?</b>  |                                | 16. SOCIAL SECURITY NO.<br><b>?</b>  | 17. INFORMANT ADDRESS<br><b>Records- US PHS Hospital, Balto, Md.</b>  |   |   |
| 18. <b>491X and 144X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>CAUSE OF DEATH</b><br>(A) <b>Bruchopneumonia</b><br>DUE TO<br>ANTECEDENT CAUSES<br>(B) <b>Squamous Cell Carcinoma of palate</b><br>DUE TO<br>(C) |                                |  | INTERVAL BETWEEN ONSET AND DEATH  |   |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                                |  |   |   |   |
| 19A. DATE OF OPERATION<br><b>2</b>   |                                | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   |   | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II          |   |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  |                                | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |   | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?        |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |                                | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21F. HOW DID INJURY OCCUR?  |   |
| 22. I hereby certify that I attended the deceased from <b>Oct. 14, 1952</b> to <b>Sept. 21, 1953</b> that I last saw the deceased alive on <b>Sept. 21, 1953</b> , and that death occurred at <b>1:45 P. M.</b> , from the causes and on the date stated above.  |                                |  |   |   |   |
| 23A. SIGNATURE<br><b>R. R. McDonald</b>  |                                | 23B. ADDRESS<br><b>US PHS Hospital, Balto, Md.</b>   |   | 23C. DATE SIGNED<br><b>10/1/53</b>  |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                | 24B. DATE<br><b>10/2/53</b>  |   | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Auburn Cemetery</b>                |   |
| 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore, Maryland</b>  |                                |  |   |   |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 2 - 1953</b>  |                                | REGISTRAR'S SIGNATURE<br><b>Huntington Williams</b>  |   | 25. FUNERAL DIRECTOR ADDRESS<br><b>Arlington S. Phillips 1808 N. Monroe St.</b> |   |

240 55





The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 8769**

1. NAME OF DECEASED  
(Type or Print)

**Suess Elizabeth**

2. DATE  
OF  
DEATH

**9-30-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

**Maryland Baltimore**

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

**Mersey Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore, Md. 8-05**

D. STREET ADDRESS (If rural, give location)

**1208 N. Potomac St.**

c. Length of stay in Baltimore

**Whole Life**

Yrs.  
Mos.  
Days

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. SINGLE (MARRIED)

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

**8/30/98**

9. AGE (In years last birthday)

**55**

10 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housewife**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Baltimore, Md**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**John Nippard**

14. MOTHER'S MAIDEN NAME

**Suess Nippard**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**JOHN JOSEPH SUESS SR. 1208 N. POTOMAC ST.**

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Cardiovascular Failure**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) **Liver & Generalized Abdominal Metastasis**

**Sept '53**

(C) **Adenocarcinoma Rt. Breast**

**Dec '52**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

**Dec 52 Sept 53**

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

**Radical Mastectomy - Abd Explor.**

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept 1953**, to **Sept 30, 1953**, that I last saw the deceased alive on **Sept 30, 1953**, and that death occurred at **6:50 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**Lessard J. Flap**

M. D.

23B. ADDRESS

**On my Hospital**

23C. DATE SIGNED

**9/30/53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**10-3-53**

24C. NAME OF CEMETERY OR CREMATORY

**Holy Redeemer Cem.**

24D. LOCATION (City, town, or county) (State)

**Balto. Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Hollister, Jr.**

25. FUNERAL DIRECTOR

**John A. Moran 3000 E. Balto. St.**

ADDRESS

**Per. N. Brown**

0078

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8770**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)*William Flanagan*2. DATE  
OF  
DEATH*9-30-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Maryland Baltimore*

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

*Mercy Hospital Inc.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore 27-11*

D. STREET ADDRESS (If rural, give location)

*4604 York Road*

c. Length of stay in Baltimore

*Life*Yrs.  
Mos.  
Days

5. SEX

*M*

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*6-30-04*9. AGE (In years  
last birthday)*49*If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)*Woodworker*10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Maryland*12. CITIZEN OF  
WHAT COUNTRY?*USA*

13. FATHER'S NAME

*Edward Downey*

14. MOTHER'S MAIDEN NAME

*Margaret Downey*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)*NO*16. SOCIAL  
SECURITY NO.*??*

17. INFORMANT

ADDRESS

*Mrs Agnes Flanagan 4604 York Rd*

18.

*162X*

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) .....

*Bronchogenic Carcinoma  
& Generalized Metastases*

DUE TO

ANTECEDENT CAUSES

(B) .....

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C) .....

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

*9-10-53*19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED*Bronchogenic Carcinoma*IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21a TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-21*, 19*53*, to *9-30*, 19*53*, that I last saw the  
deceased alive on *9-30*, 19*53*, and that death occurred at *9:00* p. m., from the causes and on the date stated above.

23A. SIGNATURE

*Thomas L. Jones, M.D.*

23B. ADDRESS

*Mercy Hospital*

23C. DATE SIGNED

*9-30-53*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)*Burial*

24B. DATE

*10-3-53*

24C. NAME OF CEMETERY OR CREMATORY

*St. Mary's Goyans*

24D. LOCATION (City, town, or county)

*Balto. Md.*

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

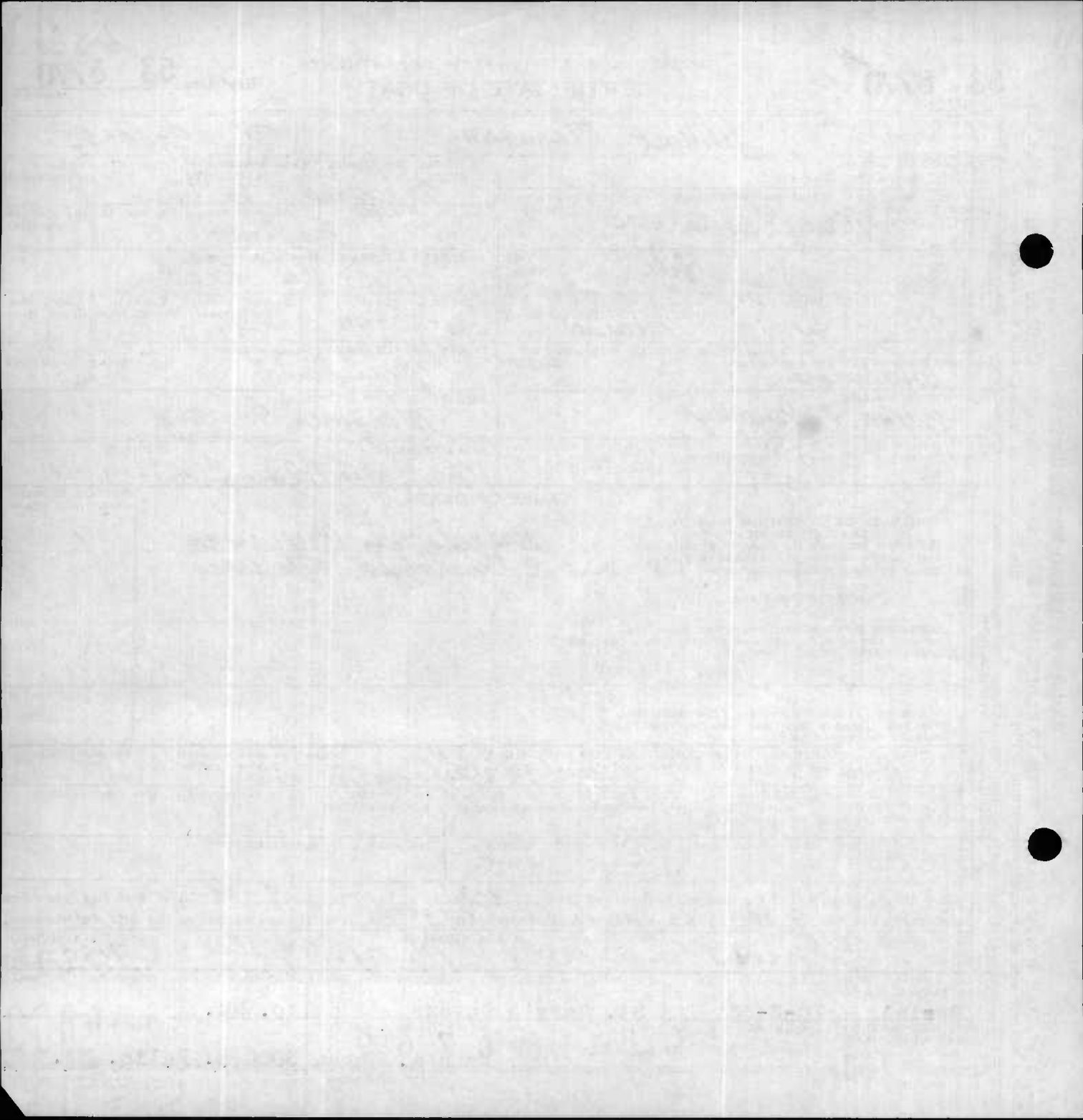
25. FUNERAL DIRECTOR

ADDRESS

*John A. Moran 3000 E. Balto. St.**OCT 2 - 1953*

VS 150

*51024**Per H.B. Lewis*



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 8771

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)Lucy Mari Clapp2. DATE  
OF  
DEATHOct 1 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

B. FULL NAME OF (If not in hospital or institution, give street address or  
location)HOSPITAL OR  
INSTITUTION4204 Greenway

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

100 W University Pkwy.

c. Length of stay in Baltimore

10

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

B. DATE OF BIRTH

apr 8 1882

9. AGE (in years,

last birthday)

71

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)none10B. KIND OF BUSINESS OR  
INDUSTRY-

11. BIRTHPLACE (State or foreign country)

Washington D.C.12. CITIZEN OF  
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

L. Wheaton Clapp

14. MOTHER'S MAIDEN NAME

Mary Rowland15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL  
SECURITY NO.-

17. INFORMANT

H. Rowland Clapp

ADDRESS

Same

18.

331XDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral Vascular accident

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH6 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Arteriosclerosis

DUE TO

? yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/19/46, 19  , to 10/1/53, 19  , that I last saw the  
deceased alive on 9/30/53, 19  , and that death occurred at 4 m., from the causes and on the date stated above.

23A. SIGNATURE

Francis W. Gluck

23B. ADDRESS

100 W. University Pkwy

23C. DATE SIGNED

10/1/5324A. BURIAL, CREMA-  
TION, REMOVAL (Specify)Removal

24B. DATE

Oct 2/53

24C. NAME OF CEMETERY OR CREMATORY

Swan Point

24D. LOCATION (City, town, or county)

Providence R.I.DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

H. Jenkins & Sons

ADDRESS

64905 York Rd

Dr. Francis W. Bluck

Ho 7-4776 100 N. University, Phry



R-260  
8772BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8772

IRTH NO.

NAME OF DECEASED  
(Last, first, and middle name or Print)

O. Raymond Riser

2. DATE  
OF  
DEATH 10/1/53PLACE OF DEATH:  
Baltimore City, MarylandFULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1310 Sargeant

Length of stay in Baltimore

47

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

1310 Sargeant

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

Nt. Attendant Equitable Trust

10B. KIND OF BUSINESS OR  
INDUSTRY

FATHER'S NAME

George Riser

8. DATE OF BIRTH

1/18/1884

9. AGE (In years;  
last birthday)

69

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Larsh Riser

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

no or unknown

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

Mrs Frances L. Riser

ADDRESS 310 ST.

Sargeant

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A) Acute Cardiac Failure

1 da

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Chronic Sclerotic Cardiac

Vascular Disease

5 yr

(C) Malnutrition

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15, 1953, to 10/1, 1953, that I last saw the deceased alive on 10/1, 1953, and that death occurred at 12:04 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph L. Laukartin

M. D.

23B. ADDRESS

109 Washington Blvd

23C. DATE SIGNED

10/1/53

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/5/53

24C. NAME OF CEMETERY OR CREMATORY

St Joseph Cem

24D. LOCATION (City, town, or county)

Martinsburg W. Va.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

John J. Lowan

ADDRESS

St. Hollins

OCT 2-1953

HB 87MS

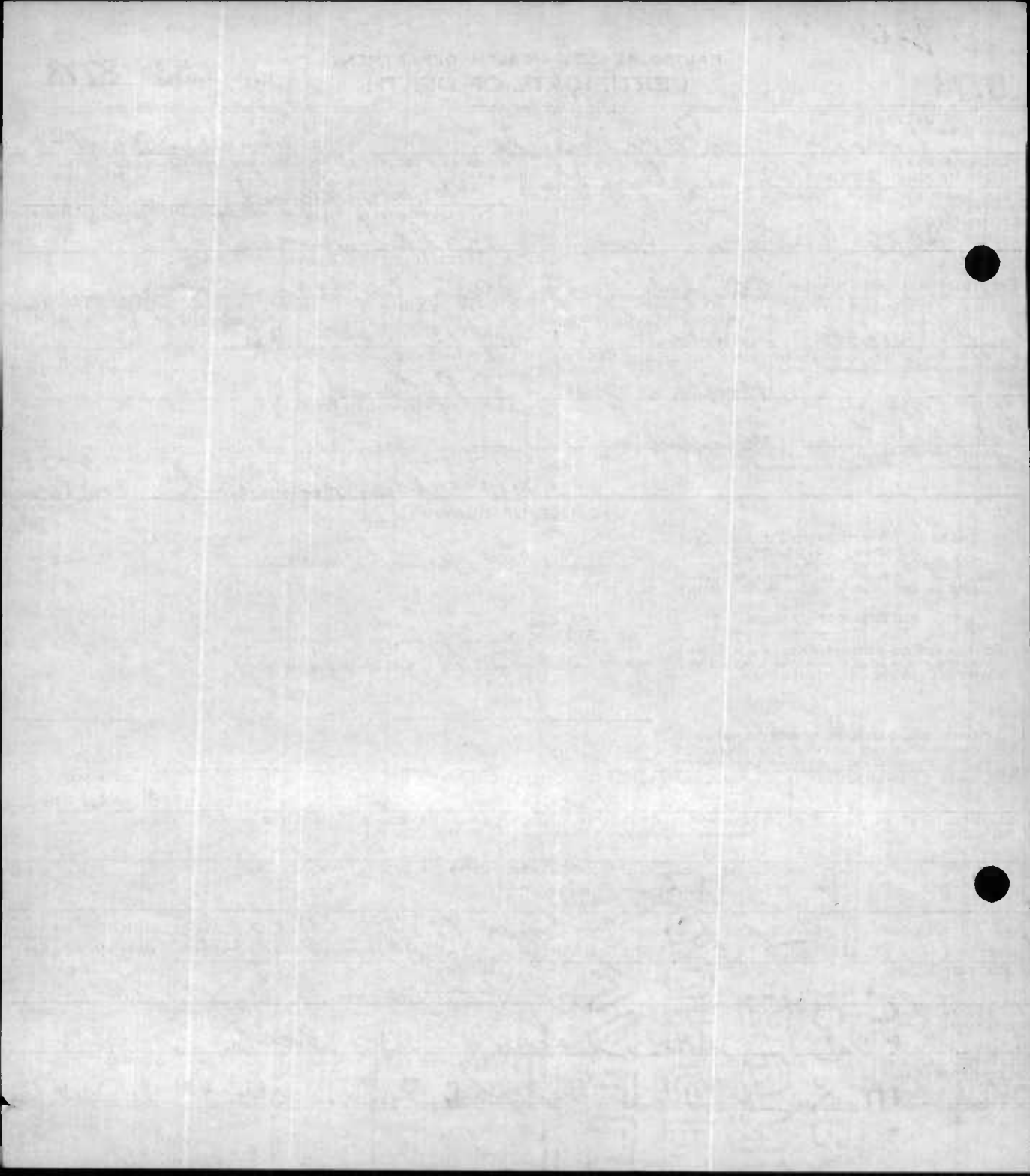
1890-1891

-520

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8773

|  |                        |  |                              |  |   |
|--|------------------------|--|------------------------------|--|---|
| BIRTH NO. 8773   |                        | NAME OF DECEASED (Type or Print) Anna Lanienski  |                              | 2. DATE OF DEATH Sep 30 1953   |   |
| PLACE OF DEATH: Baltimore City, Maryland Maryland  |                        | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Maryland B. COUNTY Baltimore |                              | 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-01 |   |
| FULL NAME OF (If not in hospital or institution, give street address or location) 2032 Eastern ave   |                        | D. STREET ADDRESS (If rural, give location) 2032 Eastern ave   |                              | Length of stay in Baltimore 55 years   |   |
| SEX female   | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow  | 8. DATE OF BIRTH May 18 1880 | 9. AGE (In years last birthday) 73   | 10. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work   |                        | 10B. KIND OF BUSINESS OR INDUSTRY House work   |                              | 11. BIRTHPLACE (State or foreign country) Poland   |   |
| 12. CITIZEN OF WHAT COUNTRY? Poland  |                        | 13. FATHER'S NAME Adalbert Filipinski  |                              | 14. MOTHER'S MAIDEN NAME   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES (If yes, give war or dates of service) No, no or unknown   |                        | 16. SOCIAL SECURITY NO.  |                              | 17. INFORMANT Miss Irene Lanienski Eastern   |   |
| 18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)                            |                        | CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO  |                              | INTERVAL BETWEEN ONSET AND DEATH 10 days   |   |
| ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |                        | (B) Arteriosclerosis DUE TO  |                              | 42'  |   |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                        | (C) -  |                              |  |   |
| 19A. DATE OF OPERATION 0   |                        | 19B. MAJOR FINDINGS OF OPERATION   |                              | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>  |   |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |                        | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                                      |                              | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |   |
| 22. TIME (Month) (Day) (Year) (Hour) INJURY  |                        | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                         |                              | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from Sept 20, 1953, to Sept 30, 1953, that I last saw the deceased alive on Sept 30, 1953, and that death occurred at 2:10 p.m., from the causes and on the date stated above. |                        |  |                              |  |   |
| 23A. SIGNATURE Geo. W. Lippert   |                        | 23B. ADDRESS 476 S. Western St. Baltimore  |                              | 23C. DATE SIGNED 10/1/53   |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial   |                        | 24B. DATE Oct 3/53   |                              | 24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cmn   |   |
| 24D. LOCATION (City, town, or county) Balto. County  |                        | 24E. FUNERAL DIRECTOR John M. Weber  |                              | 24F. ADDRESS 401 S. Chester  |   |



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8774**

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

**PEARL or Pierina Quartapelle**

2. DATE

OF

DEATH

**9-30-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE **Md.**

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or

**Baltimore City Hospitals**

(location)

**4940 Eastern Ave.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

**Baltimore**

township)

D. STREET ADDRESS (If rural, give location)

**6 Wheeler Ave.**

c. Length of stay in Baltimore

**49 yrs.**Yrs.  
Mos.  
Days

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**July 11, 1876**

9. AGE (In years

last birthday)

**77**

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Italy**12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

**Pete Bonvillone Ruvolazzo**

14. MOTHER'S MAIDEN NAME

**Mary Sporo**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)**no**

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**B. C. H. 4940 Eastern Ave.**18. **420.0 and E 90° 7** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

**Congestive Heart Failure**

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH**6 days**

ANTECEDENT CAUSES

**Arteriosclerotic Heart Disease**

(B)

**15 yrs.**DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

CERTIFICATION APPROVED BY

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.**Fracture of both femurs**

CHIEF ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)**Accident**21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)**Hospital**21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?**B. C. H. 4940 Eastern Ave.**21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY**Aug. 25, 1953**

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

**fell out of bed rolling to table.**22. I hereby certify that I attended the deceased from **8-29-46**, 19\_\_, to **Sept. 30**, 19 **53** that I last saw the  
deceased alive on **9-30-53**, 19\_\_, and that death occurred at **4.25 AM**., from the causes and on the date stated above.

23A. SIGNATURE

**Dr. John Doe**

23B. ADDRESS

**4940 Eastern Ave.**

23C. DATE SIGNED

**9-30-53**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)**Burial**

24B. DATE

**Oct. 3rd/53**

24C. NAME OF CEMETERY OR CREMATORY

**New Cathedral Cemetery Baltimore Md.**

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**Oct 2-1953****Huntington Halliwell, M.D. Frank Della Uoe****322 S. High St**

VS 150

To be approved by medical examiner.

**N-820.0**

# CONGRES

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10-10-1945



53 8775

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8775  
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

(Elgin Vermont)

John E. Johnson

2. DATE OF DEATH

9-25-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Montana

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Billings

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8/21/1919

9. AGE (In years last birthday)

34

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Linngrove, Iowa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Bert S. Johnson

14. MOTHER'S MAIDEN NAME

Wilmina Tuttle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT  
James D. Johnson, 775 Mamie Roads  
Jacksonville, Florida

18. E984X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) GUNSHOT WOUNDS OF  
Heart + Rt Lung

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Theater

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

311 W. Fayette

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

9 25 53

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Shot while resisting arrest

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

R. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

23C. DATE SIGNED

9-26-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

10/2/53

24C. NAME OF CEMETERY OR CREMATORY

Old St. Paul's Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. B. Fisher

25. FUNERAL DIRECTOR

Wm. Book, Inc.

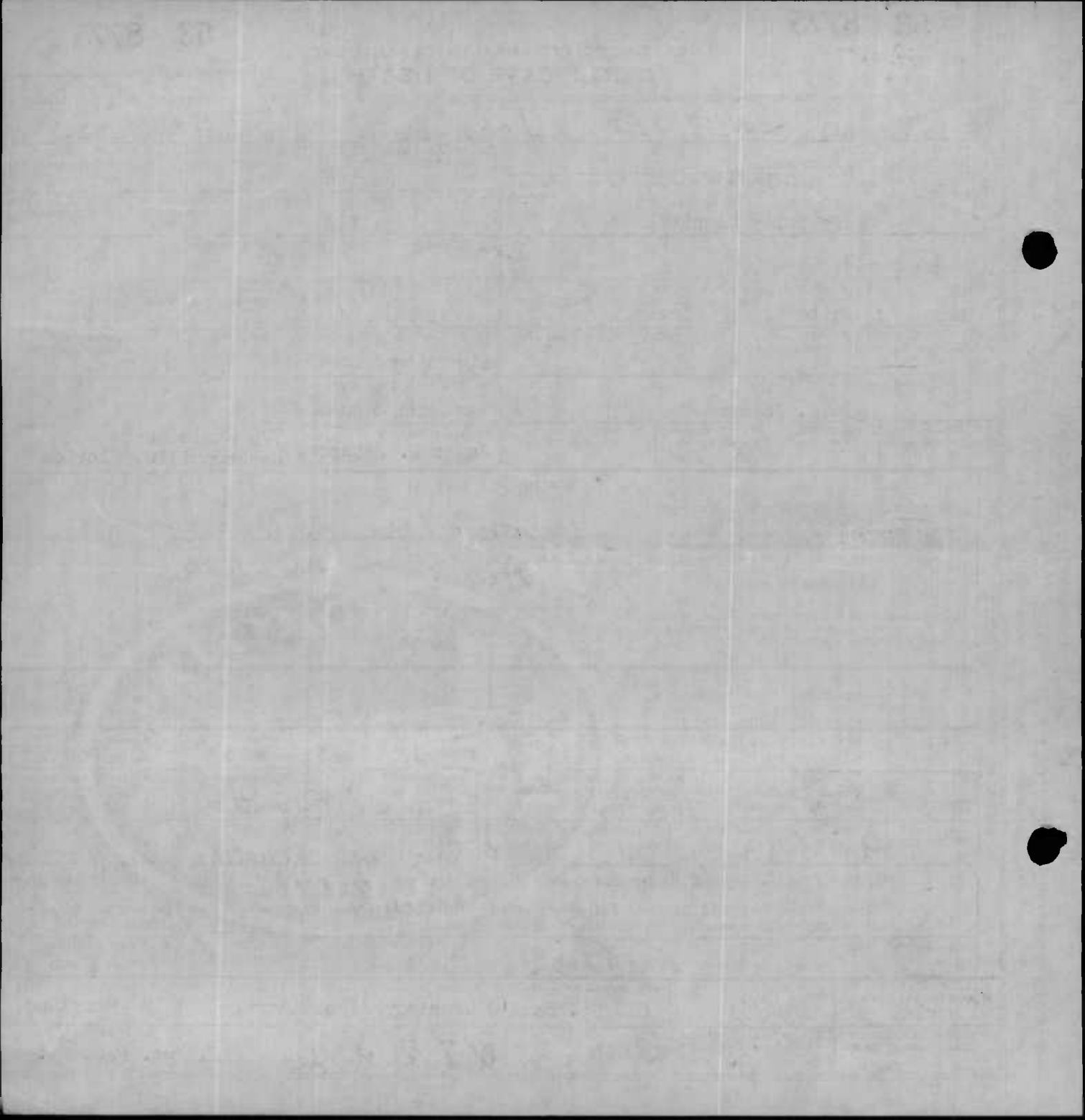
ADDRESS

1217 St. Paul St.

VS 151

N-861.4

MARGIN RESERVED FOR BINDING  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-546  
53 8776

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

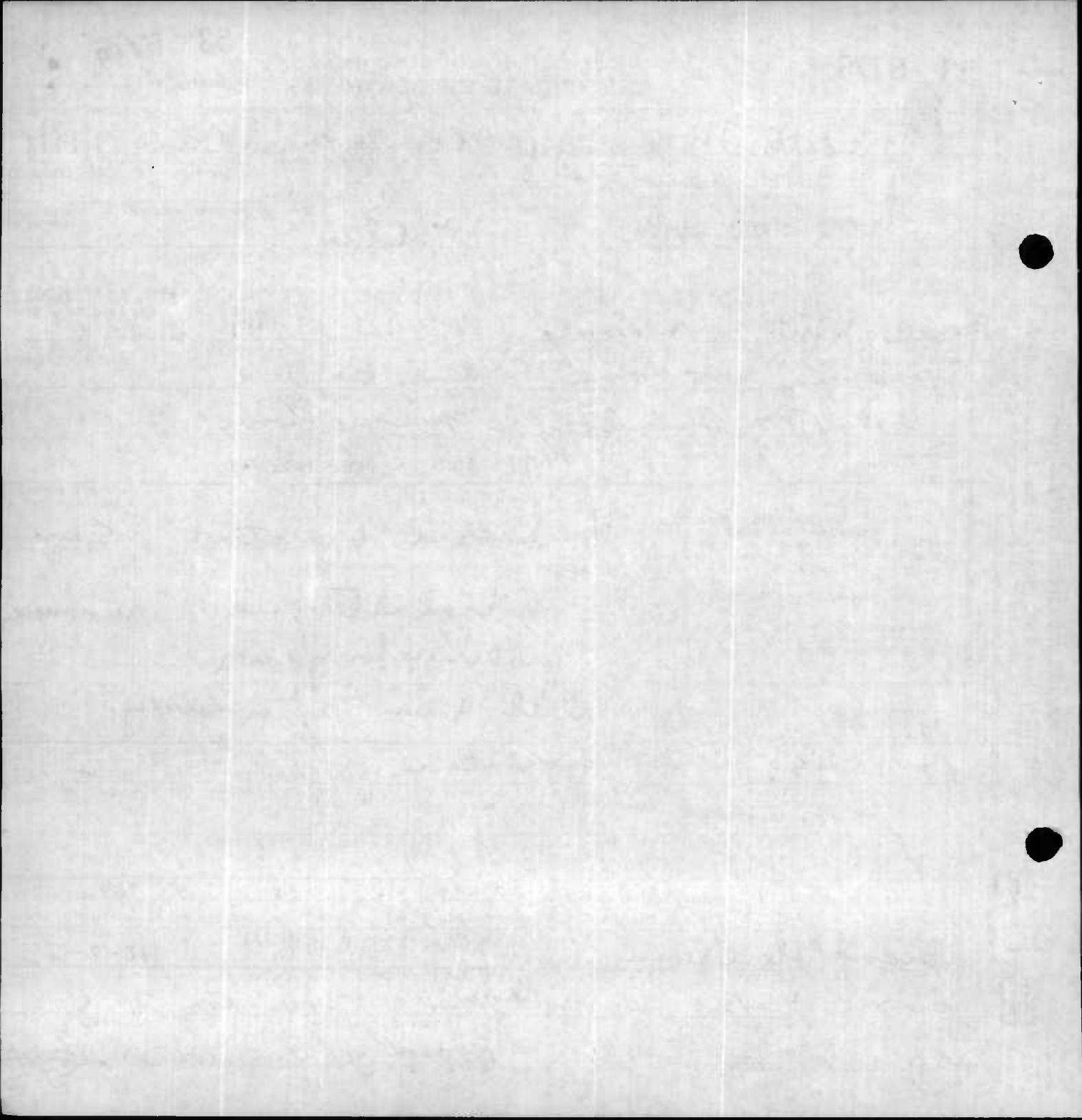
53 8776  
Registered No.

BIRTH NO.

|   |                                  |  |  |
|---|----------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Edith Thuermer (Edith Brinkley Thuermer)</i>                                |                                  | 2. DATE OF DEATH<br><i>October 1, 1953</i>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>141st St 3</i>   |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)<br>A. STATE <i>N. Carolina</i><br>B. COUNTY <i>Valdise</i> |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><i>JOHNS HOPKINS HOSPITAL</i> |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Valdise</i>   |  |
| c. Length of stay in Baltimore<br>Yrs. Mos. Days  |                                  | D. STREET ADDRESS (If rural, give location)<br><i>V-30</i>   |  |
| 5. SEX<br><i>Female</i>   | 6. COLOR OR RACE<br><i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>married</i>  | 8. DATE OF BIRTH<br><i>7-6-12</i>            |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Housewife</i>       |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>at home</i>  | 9. AGE (In years last birthday)<br><i>41</i> |
| 11. BIRTHPLACE (State or foreign country)<br><i>Burke Co., N. C.</i>  |                                  | 12. CITIZEN OF WHAT COUNTRY?   |  |
| 13. FATHER'S NAME<br><i>John M. Brinkley</i>  |                                  | 14. MOTHER'S MAIDEN NAME<br><i>Minnie Rowe</i>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (if yes, give war or dates of service)              |                                  | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT<br><i>JOHNS HOPKINS HOSPITAL</i>  |                                  | ADDRESS  |  |

|   |  |   |
|---|--|---|
| 18. <i>410 X</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Anoxia: operative</i> | CAUSE OF DEATH<br>(A) <i>Anoxia: operative</i><br>DUE TO | INTERVAL BETWEEN ONSET AND DEATH<br><i>5 yrs.</i> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><i>mitral stenosis</i>  | (B) <i>mitral stenosis</i><br>DUE TO                     | <i>unknown</i>                                    |
| (C) <i>rheumatic fever</i><br>DUE TO  | <i>died 4 hrs. after surgery</i>                         |   |

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| 19A. DATE OF OPERATION<br><i>Oct. 1 1953</i>  |  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED<br><i>mitral stenosis</i>                                |  | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |  |   |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK |  | 21F. HOW DID INJURY OCCUR?   |  |   |  |
| 22. I hereby certify that I attended the deceased from <i>9-10</i> , 1953, to <i>10-1</i> , 1953, that I last saw the deceased alive on <i>10-1</i> 1953, and that death occurred at <i>3:50 p.m.</i> , from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23A. SIGNATURE<br><i>Frank Cole Spencer</i>   |  |   |  | 23B. ADDRESS<br><i>JOHNS HOPKINS HOSPITAL</i>                            |  | 23C. DATE SIGNED<br><i>10-2-53</i>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |  | 24B. DATE<br><i>10/2/53</i>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Forest Hill</i>                 |  | 24D. LOCATION (City, town, or county) (State)<br><i>Morganton, N. C.</i>            |  |
| DATE RECEIVED BY LOCAL REGISTRAR  |  | REGISTRAR'S SIGNATURE   |  | 25. FUNERAL DIRECTOR<br><i>St. Paul's Burying Co., Inc.</i>              |  | ADDRESS<br><i>1217 St. Paul's</i>   |  |



M-420  
53 8777BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8777

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Clarence Moloch

2. DATE  
OF DEATH

Sept 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Brady 2

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md.

19-01

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 23

D. STREET ADDRESS (If rural, give location)

512 N. Calhoun St

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR  
INDUSTRY

Blind School

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

DUE TO

DUE TO

(C)

Unknew? Myocardial  
Insufficiency  
Hypotension  
A S - CVD -  
Carcinoma of ProstateINTERVAL BETWEEN  
ONSET AND DEATH10yrs  
5 daysII  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Radical Perineal Prostatectomy

3 hrs

19A. DATE OF OPERATION

9/25/53/9/3/53

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

Ca of Prostate

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-22-1953 to 9-30-1953 that I last saw the deceased alive on 9-30-1953 and that death occurred at 11:20 A.M. from the causes and on the date stated above.

23A. SIGNATURE

William Brannan

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9/30/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/3/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

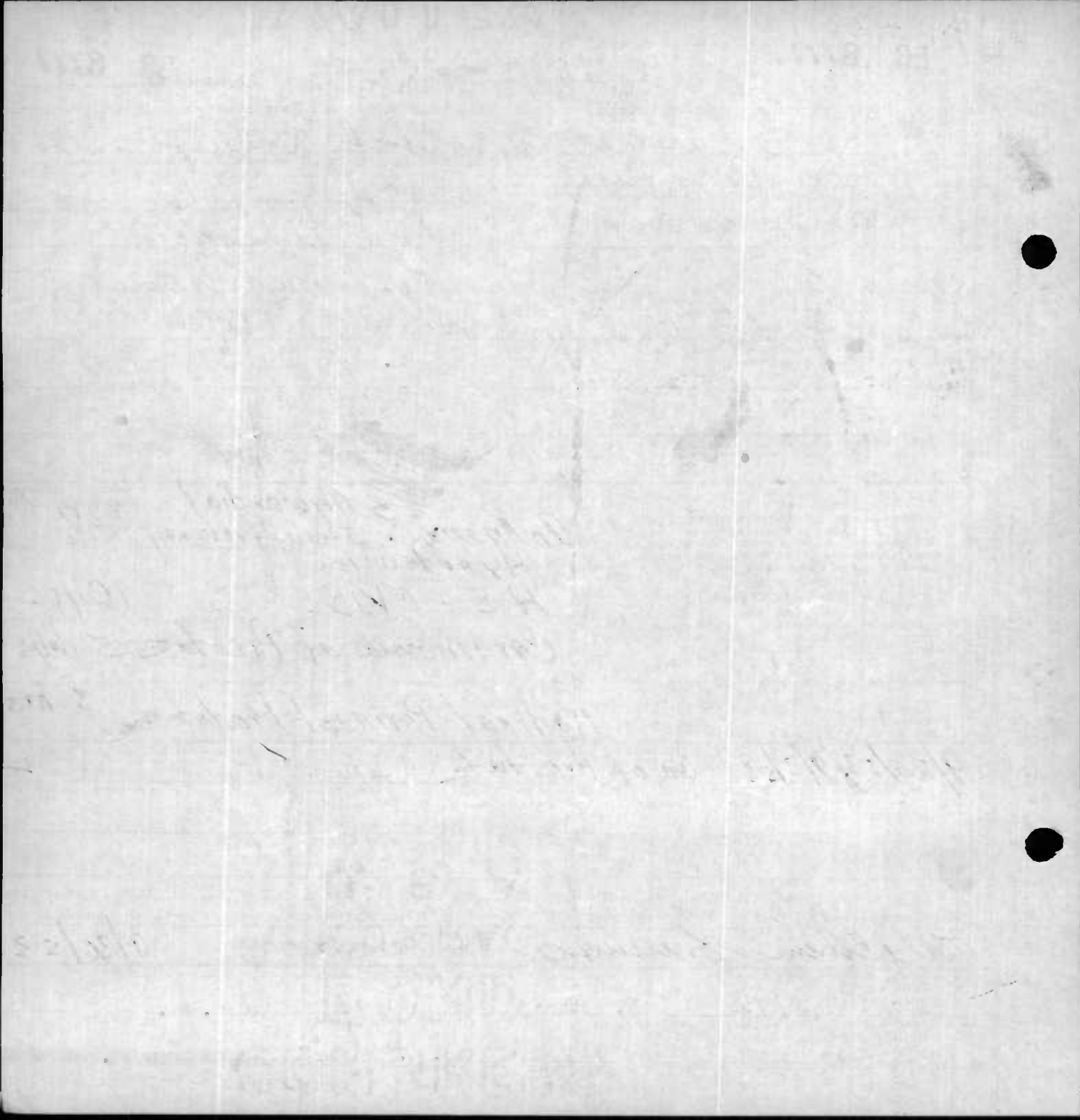
Geo. G. Kelson 1303 Presstman St.

2-1953

VS 150

0938 Geo. G. Kelson

MARGIN RESERVED FOR BINDING  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8778**BIRTH NO. **H-430**  
**53 8778**

|   |                           |   |                              |
|---|---------------------------|---|------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Robert Holt</b>   |                           | 2. DATE OF DEATH <b>9-29-53</b>   |                              |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY |                              |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>Provident Hospital</b> |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore 14-03</b>                      |                              |
| C. Length of stay in Baltimore <b>40</b> Yrs. Mos. Days   |                           | D. STREET ADDRESS (If rural, give location)<br><b>546 Baker St.</b>   |                              |
| 5. SEX <b>M</b>   | 6. COLOR OR RACE <b>C</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>   | 8. DATE OF BIRTH <b>1903</b> |
| 9. AGE (In years last birthday) <b>50</b>   |                           | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Unemployed</b>             |                              |
| 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Unemployed</b>   |                           | 10. KIND OF BUSINESS OR INDUSTRY  |                              |
| 11. BIRTHPLACE (State or foreign country)<br><b>Burlington</b>  |                           | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |                              |
| 13. FATHER'S NAME<br><b>Kelson Holt</b>   |                           | 14. MOTHER'S MAIDEN NAME<br><b>Martha Holzman</b>   |                              |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)           |                           | 16. SOCIAL SECURITY NO.   |                              |
| 17. INFORMANT   |                           | ADDRESS   |                              |

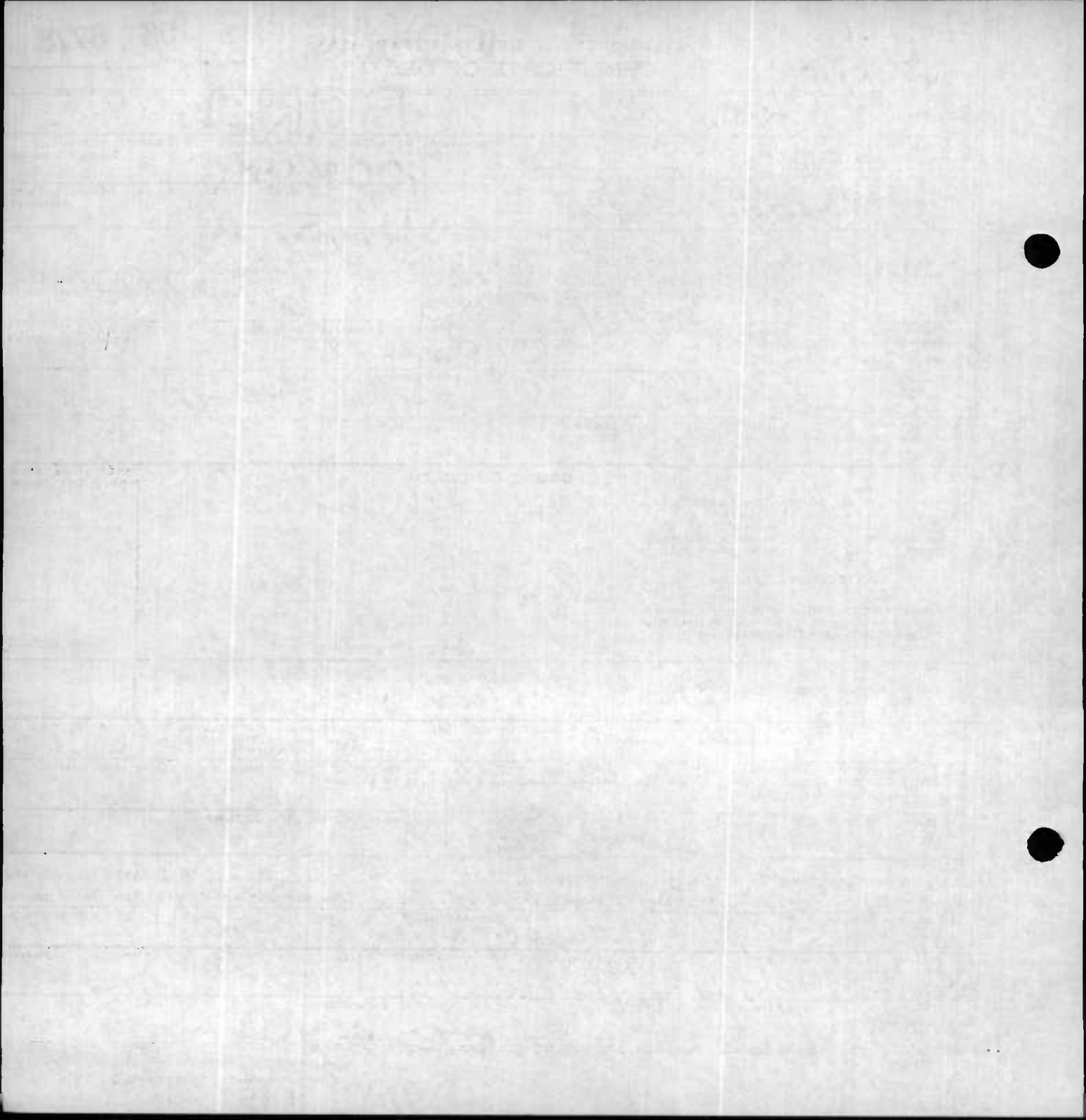
|  |   |                                  |
|--|---|----------------------------------|
| 18. <b>434.11</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Congestive Heart Failure</b> | CAUSE OF DEATH<br><b>Congestive Heart Failure</b> | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Myocardial weakness</b>   | (A) DUE TO<br>(B) DUE TO<br>(C)                   |                                  |

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  
**Portal Cirrhosis**

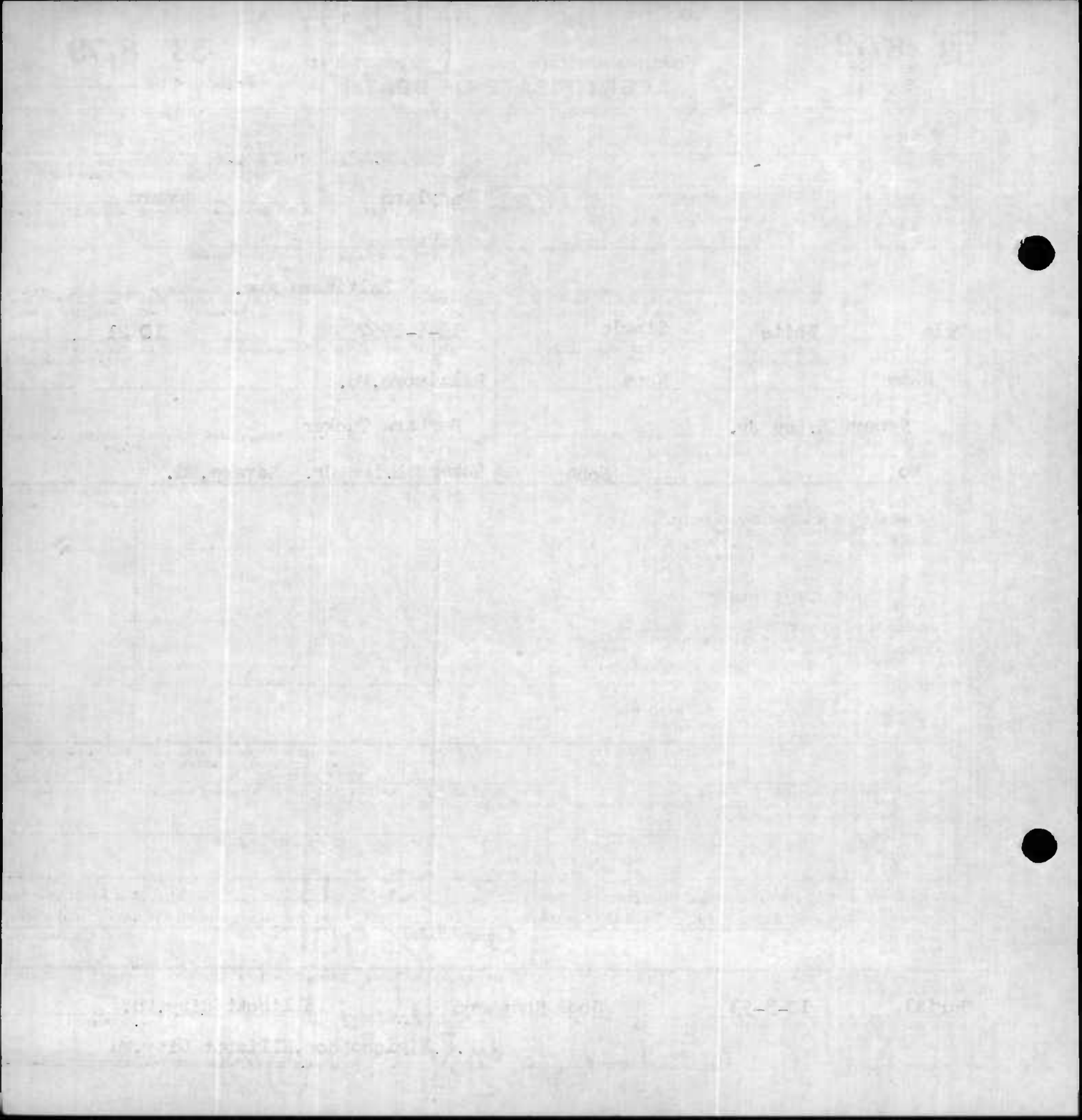
|   |   |  |  |
|---|---|--|--|
| 19A. DATE OF OPERATION <b>0</b>   | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  | IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |  |

22. I hereby certify that I attended the deceased from **8-14**, 19**53**, to **9-29**, 19**53**, that I last saw the deceased alive on **9-29**, 19**53** and that death occurred at **10:15** pm., from the causes and on the date stated above.

|  |   |   |
|--|---|---|
| 23A. SIGNATURE<br><b>Mr. R. L. Leno M.D.</b>                       | 23B. ADDRESS<br><b>U. Williams, Mt. Auburn Hospital</b> | 23C. DATE SIGNED<br><b>10-2-53</b>                      |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>         | 24B. DATE<br><b>10/3/53</b>                             | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Auburn</b> |
| 24D. LOCATION (City, town, or county) (State)<br><b>Balto. Md.</b> | 25. FUNERAL DIRECTOR<br><b>Geo. H. Kelson</b>           | ADDRESS<br><b>1303 Pressman St.</b>                     |
| DATE RECEIVED BY LOCAL REGISTRAR                                   | REGISTRAR'S SIGNATURE<br><b>H. J. 513102</b>            |   |







AB-175150

F-545  
53 8780BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8780

BIRTH NO.

|   |                              |  |  |
|---|------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Rosa Tamulonis</b>  |                              | 2. DATE OF DEATH<br><b>9-29-1953</b>   |  |
| 3. PLACE OF DEATH:<br>A. <b>Baltimore City, Maryland</b>  |                              | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>Baltimore City Hospitals</b><br><b>4940 Eastern Ave.</b> |                              | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                               |  |
| c. Length of stay in Baltimore <b>4 yrs</b>   |                              | D. STREET ADDRESS (If rural, give location)<br><b>1216 James St. zone 23</b>   |  |
| 5. SEX<br><b>F</b>  | 6. COLOR OR RACE<br><b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 8. DATE OF BIRTH<br><b>Aug. 15, 1883</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Tailor</b>  |                              | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>coat-maker</b>   |  |
| 13. FATHER'S NAME<br><b>unknown</b>   |                              | 14. MOTHER'S MAIDEN NAME<br><b>unknown</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>no</b>  |                              | 16. SOCIAL SECURITY NO.<br><b>215-10-7022A</b>   |  |
|   |                              | 17. INFORMATION ADDRESS<br><b>Baltimore City Hospitals</b><br><b>4940 Eastern Ave.</b>   |  |

|   |  |                                  |
|---|--|----------------------------------|
| 18. <b>561.0</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Intestinal Obstruction -Ileum</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Incarcerated Rt. Inguinal Hernia</b>   |  |                                  |

|   |   |  |   |
|---|---|--|---|
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |   |  |   |
| 19A. DATE OF OPERATION<br><b>9-29-53</b>  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY<br>m.   | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <b>9-29-</b> , 19 <b>53</b> , to <b>9-29-</b> , 19 <b>53</b> that I last saw the deceased alive on <b>9-29-</b> , 19 <b>53</b> , and that death occurred at <b>7:05 AM</b> from the causes and on the date stated above. |   |  |   |
| 23A. SIGNATURE<br><b>H. John Doe</b>  | 23B. ADDRESS<br><b>4940 Eastern Ave., Baltimore, Md.</b>  | 23C. DATE SIGNED<br><b>9-30-1953</b>                                     |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>   | 24B. DATE<br><b>10/3/53</b>   | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Holy Redeemer</b>               | 24D. LOCATION (City, town, or county) (State)<br><b>Belair Rd. Md.</b>              |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>0012-1953</b>  | REGISTRAR'S SIGNATURE<br><b>Thurman</b>   | 25. FUNERAL DIRECTOR<br><b>Charles W. Kachauskas 703 MCHENRY ST.</b>     |   |



NOT A MEDICAL EXAMINER'S CASE

*William V. [Signature]* M.D.  
CHIEF OR ASST. MEDICAL EXAMINER



**JMS 25x Case Released to Hosp**

**BALTIMORE CITY HEALTH DEPARTMENT**

**CERTIFICATE OF DEATH**

**53 8781** BIRTH NO. **53 8781** Registered No. **53 8781**

|  |                                 |   |                                   |
|--|---------------------------------|---|-----------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Harriet Johnson</b>  |                                 | 2. DATE OF DEATH <b>Sept 30, 1953</b>   |                                   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>Emergency</b>   |                                 | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b> |                                   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>  |                                 | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Catonsville</b>                                      |                                   |
| c. Length of stay in Baltimore   |                                 | D. STREET ADDRESS (If rural, give location)<br><b>108 Shipley Ave</b>   |                                   |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>Colored</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>  | 8. DATE OF BIRTH <b>10-5-1887</b> |
| 9. AGE (In years last birthday) <b>65</b>  |                                 | 10. UNDER 1 Year Months Days  |                                   |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b> |                                 | 10B. KIND OF BUSINESS OR INDUSTRY   |                                   |
| 11. BIRTHPLACE (State or foreign country) <b>Maryland</b>  |                                 | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |                                   |
| 13. FATHER'S NAME <b>James Jackson</b>   |                                 | 14. MOTHER'S MAIDEN NAME <b>Sarah</b>   |                                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)     |                                 | 16. SOCIAL SECURITY NO.   |                                   |
| 17. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b>  |                                 | ADDRESS   |                                   |

|  |  |                |  |                                  |  |
|--|--|----------------|--|----------------------------------|--|
| 18. <b>561.2</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) |  | CAUSE OF DEATH |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| A. <b>myocardial infarction</b>  |  | DUE TO         |  |                                  |  |
| B. <b>Intestinal Obstruction</b>   |  | DUE TO         |  |                                  |  |
| C. <b>umbilical Hernia</b>   |  | DUE TO         |  |                                  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |                |  |                                  |  |

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| 19A. DATE OF OPERATION <b>9-30-53</b>   |  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |  | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |  |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>9-30-</b> , 19 <b>53</b> to <b>9-30-</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>9-30-</b> , 19 <b>53</b> and that death occurred at <b>2:10 P.</b> , from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23A. SIGNATURE <b>James V. Maloney</b>  |  | 23B. ADDRESS <b>JOHNS HOPKINS</b>   |  | 23C. DATE SIGNED <b>10/1/53</b>  |  |  |  |
| 24A. NAME OF CEMETERY OR CREMATORY <b>Western Star</b>  |  | 24B. DATE <b>10-4-53</b>  |  | 24C. LOCATION (City, town, or county) <b>Catonsville Md</b>              |  |  |  |
| 24D. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 2-1953</b>   |  | 24E. REGISTRAR'S SIGNATURE <b>Huntington</b>  |  | 24F. FUNERAL DIRECTOR <b>Mr. Francis A. Humphrey</b>                     |  | 24G. ADDRESS <b>578 W. St</b>  |  |

VS 150

NOT A MEDICAL EXAMINER'S CASE

Joseph A. Jochims *ofc*

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

53 K-612  
8782BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8782  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)L.  
Viola KREBS2. DATE  
OF  
DEATH

October 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)

Hospital For The Women of Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

C. Length of stay in Baltimore

62 Yrs.  
Mos.  
Days

O. STREET ADDRESS (If rural, give location)

4609 Old Frederick Road

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 20, 1893

9. AGE (in years  
last birthday)

60

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Carroll Co. Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Carl Shipley

14. MOTHER'S MAIDEN NAME

Mollie Steinmox

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

MRS J. MOORE-

ADDRESS

4609 Old Frederick Rd.

18.

17ix

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

UREMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B)

Postop. Cystectomy URETERAL TRANSPLANT  
& WENTHURST OP. (Secondary)

(C)

CANCER of CERVIX & URINARY Bladder  
PRIMARY

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

ANEMIA - Secondary

INTERVAL BETWEEN  
ONSET AND DEATH

8wk

8wk

1 year +

8wk

19A. DATE OF OPERATION

JULY 1953

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

CANCER CERVIX

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-14, 1953, to 10-2, 1953, that I last saw the  
deceased alive on 2 Oct., 1953, and that death occurred at 8:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Ruth M. Allen

M. D.

23B. ADDRESS

Hospital for Women of Md

23C. DATE SIGNED

10-2-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/5/53

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Pk.

24D. LOCATION (City, town, or county)

Howard Co., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 2 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

E. J. Nickerson &amp; Sons

ADDRESS

Baltimore 17, Md.



A-450  
53 8783BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8783  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

MORTON P. ALLEN

2. DATE  
OF  
DEATH

Sept. 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

3509 N. Calvert St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3509 N. Calvert St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
widowed

8. DATE OF BIRTH

5/14/1875

9. AGE (in years  
last birthday)

78

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Vice President

10B. KIND OF BUSINESS OR  
INDUSTRY

Confectioners

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Luther W. P. Allen

14. MOTHER'S MAIDEN NAME

Mary Paine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Luther E. Allen-3509 N. Calvert St.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Myocardial failure  
Pulmonary edema

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

(C) DUE TO

Coronary disease

4 yrs

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21a. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 30, 1952, to Sept 30, 1953, that I last saw the  
deceased alive on Sept 30, 1953, and that death occurred at 11:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Morton P. Allen

23B. ADDRESS

3429 Chestnut

23C. DATE SIGNED

Oct 2-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/3/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Fickner &amp; Sons

OCT 2 - 1953

VS 150

Balt. 17, Md.





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

|  |                                     |
|--|-------------------------------------|
| BIRTH NO.  |                                     |
| 1. NAME OF DECEASED<br>(Type or Print) HARRY P. SHAFFER, SR.   |                                     |
| 2. DATE OF DEATH Oct. 1, 1953  |                                     |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                     |
| 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)<br>A. STATE Md.<br>B. COUNTY   |                                     |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION 6010 Pinehurst Rd.   |                                     |
| C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)<br>Baltimore   |                                     |
| D. STREET ADDRESS (If rural, give location)<br>6010 Pinehurst Rd.  |                                     |
| c. Length of stay in Baltimore<br>Yrs. Mos. Days   |                                     |
| 5. SEX Male female   | 6. COLOR OR RACE white              |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed  | 8. DATE OF BIRTH Mar. 31, 1870      |
| 9. AGE (In years last birthday) 83   | If Under 1 Year Months: Days        |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist (rted)  | 10B. KIND OF BUSINESS OR INDUSTRY ? |
| 11. BIRTHPLACE (State or foreign country) Maryland   | 12. CITIZEN OF WHAT COUNTRY?        |
| 13. FATHER'S NAME William Shaffer  |                                     |
| 14. MOTHER'S MAIDEN NAME Sophia Schultz  |                                     |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no   | 16. SOCIAL SECURITY NO. 705-05-3561 |
| 17. INFORMANT ADDRESS Mr. Harry P. Shaffer, Jr-6010 Pinehurst Rd   |                                     |
| 18. CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                                     |
| 19A. DATE OF OPERATION 0   |                                     |
| 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   |                                     |
| IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   |                                     |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                     |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  |                                     |
| 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |                                     |
| 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?   |                                     |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |                                     |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                     |
| 21F. HOW DID INJURY OCCUR?   |                                     |
| 22. I hereby certify that I attended the deceased from 15-Jan, 1946, to 1-Oct, 1953, that I last saw the deceased alive on 1-Oct, 1953, and that death occurred at 8 17 m., from the causes and on the date stated above.  |                                     |
| 23A. SIGNATURE Chas W Edwards M. D.  |                                     |
| 23B. ADDRESS 2746 Lee Plameda  |                                     |
| 23C. DATE SIGNED 2-Oct-53  |                                     |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial   |                                     |
| 24B. DATE 10/3/53  |                                     |
| 24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.   |                                     |
| 24D. LOCATION (City, town, or county) (State) Baltos. Md.  |                                     |
| DATE RECEIVED BY LOCAL REGISTRAR OCT 2-1953  |                                     |
| REGISTRAR'S SIGNATURE Huntington Williams, M. D.   |                                     |
| 25. FUNERAL DIRECTOR J. Pickner & Sons   |                                     |
| ADDRESS Balto. 17, Md.   |                                     |

1978-3

1978-3



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 M-260 8785

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8785  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MOUSER, John OBA

2. DATE  
OF  
DEATH

9-30-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

California

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Modesto

D. STREET ADDRESS (If rural, give location)

523 Maze Boulevard

c. Length of stay in Baltimore

2 wks ✓

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4-20-1891

9. AGE (In years last birthday)

62

10. Under 1 Year 11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

coin machine distributor

10B. KIND OF BUSINESS OR INDUSTRY

Saleman

11. BIRTHPLACE (State or foreign country)

Missouri

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas J.

14. MOTHER'S MAIDEN NAME

W. Jilda Penelle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Linell Edwards Lord Baltimore

18.

581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bleeding oesophageal  
Varices  
Cirrhosis, liver

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) hepatic coma  
(C) Hypertension; severe

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-28, 1953 to 9-30, 1953, that I last saw the deceased alive on 9-30, 1953, and that death occurred at 9 P. M., from the causes and on the date stated above.

23A. SIGNATURE

L. Felipe Gonzalez

23B. ADDRESS

University Hospital

23C. DATE SIGNED

9-30-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

10/2/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Bismarck, Missouri

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Wilcox & Sons

ADDRESS

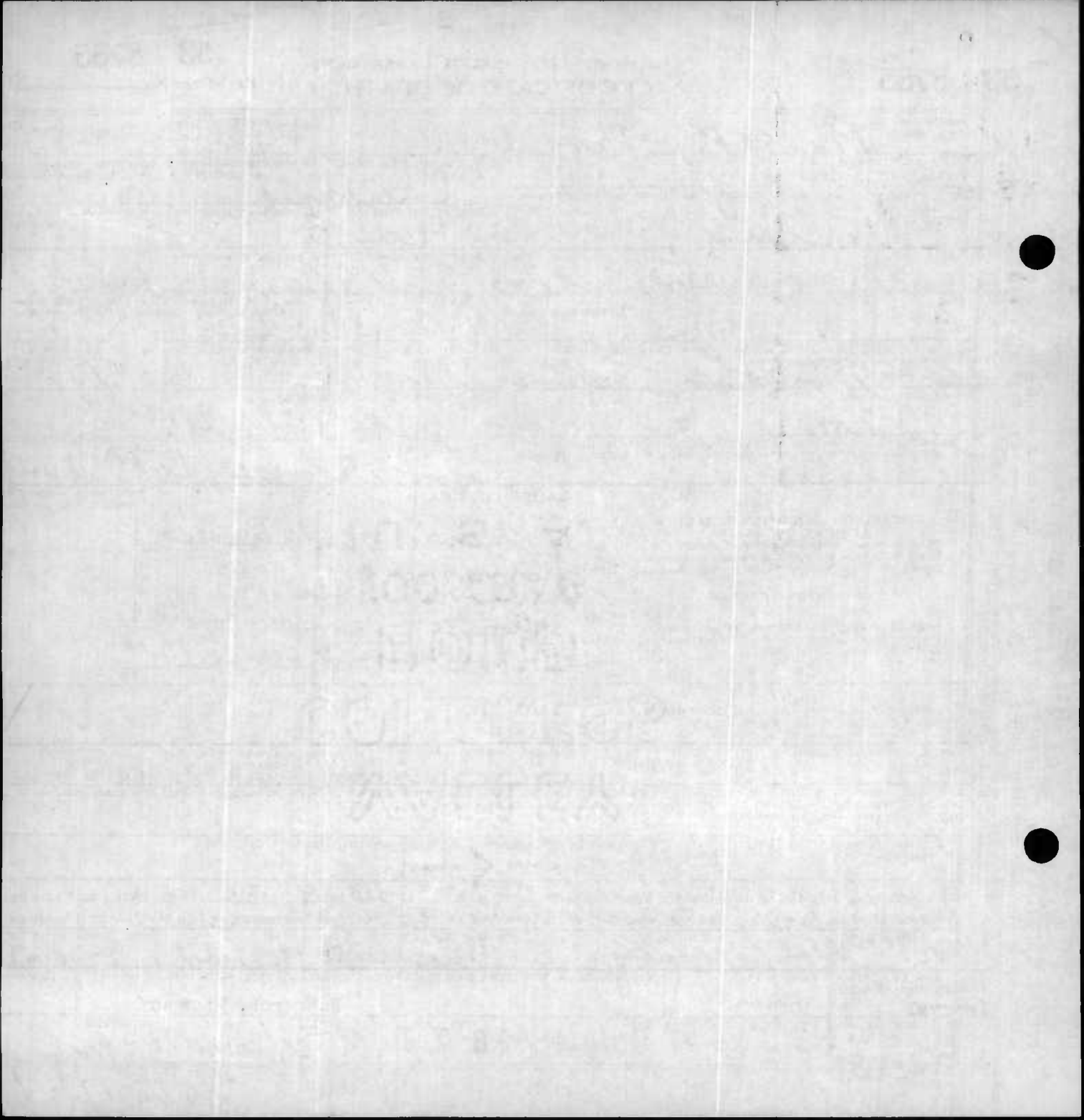
Barto 17, Md.

OCT 2-1953

VS 150

49082

Barto 17, Md.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

**53 8786**

Registered No. \_\_\_\_\_

**C-400**  
**53 8786**

|  |                              |   |  |  |  |  |  |
|--|------------------------------|---|--|--|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Frank Cole</b>   |                              |   |  | 2. DATE OF DEATH<br><b>October 2, 1953</b>   |  |  |  |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland  |                              |   |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Md.</b> B. COUNTY _____ |  |  |  |
| b. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Joseph's Hospital<br/>1400 N. Caroline St.</b>   |                              |   |  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                             |  |  |  |
| c. Length of stay in Baltimore<br>Yrs. _____ Mos. _____ Days _____   |                              |   |  | d. STREET ADDRESS (If rural, give location)<br><b>3129 Normount Ave.</b>   |  |  |  |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   |  | 8. DATE OF BIRTH<br><b>April 30, 1902</b>  | 9. AGE (In years last birthday)<br><b>51</b> | 10 Under 1 Year<br>Months: _____ Days: _____                       | 11 Under 24 Hours<br>Hours: _____ Min: _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Sheet Metal Worker</b>   |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Sheet Metal</b>   |  | 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>                         |  |
| 13. FATHER'S NAME<br><b>John Henry Cole</b>  |                              |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Christina Reese</b>   |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>no</b>   |                              | 16. SOCIAL SECURITY NO.<br>_____  |  | 17. INFORMANT ADDRESS<br><b>Mrs. Helen V. Cole - 3129 Normount Ave.</b>  |  |  |  |
| 18. <b>420.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Congestive Heart Failure</b><br>DUE TO _____<br><br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Generalized Arterio sclerosis</b><br>DUE TO _____<br><b>Myocardial Infarction</b><br>DUE TO _____<br><br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><b>Coronary Occlusion</b> |                              |   |  | INTERVAL BETWEEN ONSET AND DEATH<br>_____  |  |  |  |
| 19a. DATE OF OPERATION<br><b>0</b>   |                              | 19b. MAJOR FINDINGS OF OPERATION<br>_____   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |  |  |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |                              | 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br>_____        |  | 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)<br>_____  |  |  |  |
| 21d. TIME (Month) (Day) (Year) (Hour) INJURY<br>_____  |                              | 21e. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?<br>_____  |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>September 15, 1953</b> to <b>October 2, 1953</b> , that I last saw the deceased alive on <b>October 2, 1953</b> and that death occurred at <b>1:15 AM</b> , from the causes and on the date stated above.  |                              |   |  |  |  |  |  |
| 23a. SIGNATURE<br><b>Louis A. Fritz</b>  |                              |   |  | 23b. ADDRESS<br>M. D. <b>1400 N. Caroline St.</b>  |  | 23c. DATE SIGNED<br><b>Oct. 2, 1953</b>                            |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                              | 24b. DATE<br><b>10/5/53</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Oaklawn Cem.</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>Essex, Md.</b> |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 2 - 1953</b>  |                              | REGISTRAR'S SIGNATURE<br><b>Huntington Williams</b>   |  | 25. FUNERAL DIRECTOR<br><b>Wm. J. Tichenor &amp; Sons</b>  |  | ADDRESS<br><b>Balto. 17, Md.</b>                                   |  |

**5913 E**

MEDICAL CERTIFICATION

8588

WATKINS COUNTY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

1950

DATE OF DEATH

1950

TIME OF DEATH

1950

PLACE OF DEATH

1950

CAUSE OF DEATH

1950

DATE OF BIRTH

1950

TIME OF BIRTH

1950

PLACE OF BIRTH

1950

CAUSE OF BIRTH

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DATE OF DEATH

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PLACE OF BIRTH

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CAUSE OF BIRTH

1950

DATE OF DEATH

1950

TIME OF DEATH

1950

PLACE OF DEATH

1950

CAUSE OF DEATH

1950



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 8787

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

OTILLIE K. TABELING

2. DATE  
OF  
DEATH Sept. 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONHillcrest Nursing Home  
212 Stony Run LaneC. CITY OR TOWN (If outside corporate limits, write full name and give  
Baltimore township)

D. STREET ADDRESS (If rural, give location)

1575 Winston Rd.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
widowed

8. DATE OF BIRTH

July 28, 1866

9. AGE (In years,  
last birthday)

87

10. Under 1 Year 11. Under 24 Hours

Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
Housewife10B. KIND OF BUSINESS OR  
INDUSTRY  
at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Henry Kruff

14. MOTHER'S MAIDEN NAME

Mary U. Kueberth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
no16. SOCIAL  
SECURITY NO.  
none17. INFORMANT ADDRESS  
Mrs. John L. Whitney-1575 Winston Rd.18. 442 X and 153 X CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

Cardio-Vascular Disease

10 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO

Metastasis Carcinoma Colon

3 yrs

(C) .....

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 7 1939 to Sept 30, 1953 that I last saw the  
deceased alive on Sept 30, 1953, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. N. Wilson

M. D.

23B. ADDRESS

617 W. 40th St

23C. DATE SIGNED

10/2/5324A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial

24B. DATE

10/3/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickens & Sons

ADDRESS

Balto. 17, Md.

8581 23

8581 23

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8788**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JAMES C. DOWNS

2. DATE  
OF DEATH **Sept. 30, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

2420 W. Rogers Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

2420 W. Rogers Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Mar. 26, 1881

9. AGE (In years  
last birthday)

72

10. Under 1 Year Months: Days  
11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Police Captain (rtd)

10B. KIND OF BUSINESS OR INDUSTRY

Balto. City

11. BIRTHPLACE (State or foreign country)

St. Mary's Co., Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Henry Downs

14. MOTHER'S MAIDEN NAME

Mary Knott

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.  
no17. INFORMANT ADDRESS  
Mrs. Carrie E. Downs-2420 W. Rogers Ave.

18.

450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)Atherosclerosis  
DUE TO Atherosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

11 yrs

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Sclerosis

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1942, 19, to 1953, that I last saw the deceased alive on 10-29-1953, and that death occurred at 12 noon, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/3/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 2-1953

Huntington Williams, Jr.

J. F. Schenck &amp; Sons

ADDRESS

VS 150

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Balto 17, Md.

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2-142

8789

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8789

IRTH NO.

NAME OF DECEASED  
(Type or Print)

ANNA PAVLIK

2. DATE OF DEATH  
Sept. 30, 1953

PLACE OF DEATH:  
Baltimore City, Maryland 3301 Cardenas Ave.

FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)  
OSPITAL OR INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

3301 Cardenas Ave.

Length of stay in Baltimore 78 yrs.  
Yrs. Mos. Days

SEX female 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH March 19, 1873 9. AGE (in years; last birthday) 80  
If Under 1 Year Months; Days If Under 24 Hours Hours Min.

A. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) housewife 10B. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Czechoslovakia 12. CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Anton Yursik

14. MOTHER'S MAIDEN NAME Albina Zelenka

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Edward Pavlik, son, 3712 Gibbons Ave.

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) Coronary Thrombosis 12 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic C.V.D. 2 yrs.  
(C) Coronary Arteriosclerosis 1 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/18, 1953, to 9/30, 1953, that I last saw the deceased alive on 9/29, 1953, and that death occurred at 12:30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Oct. 3, 1953

Oak Hill Cemetery

Horner's Lane, Balto. Md.

TE RECEIVED BY CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CT 2-1953

Huntington

Schimunek Funeral Home, Inc. 2601-25 E. Madison St.





53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F655  
8790  
BIRTH NO. *10745*

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. *53* 8790

|  |                                  |   |  |  |                                  |
|--|----------------------------------|---|--|--|----------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <b>STEPHEN FREEMAN</b>  |                                  |   | 2. DATE OF DEATH <b>October 1, 1953</b>  |  |                                  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |  |                                  |
| 8. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Baltimore City Hospitals</b>                               |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                               |  |                                  |
| c. Length of stay in Baltimore<br>Yrs.<br>Mos.<br>Days   |                                  |   | O. STREET ADDRESS (If rural, give location)<br><b>1309 Ballard Way 26-36</b>   |  |                                  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH<br><b>MARCH. 22. 1967</b>   | 9. AGE (In years last birthday)<br><b>21</b> | 10. Under 1 Year<br>Months: Days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)              |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY  |  |                                  |
| 11. BIRTHPLACE (State or foreign country)<br><b>BENTON, TENN</b>   |                                  |   | 12. CITIZEN OF WHAT COUNTRY?   |  |                                  |
| 13. FATHER'S NAME<br><b>JAMES. FREEMAN.</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>KATHERINE LEWIS</b>   |  |                                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) |                                  |   | 16. SOCIAL SECURITY NO.  |  |                                  |
| 17. INFORMANT<br><b>JAMES. Freeman. 1309 Ballard Way</b>   |                                  |   | ADDRESS  |  |                                  |

|   |  |                |                                  |
|---|--|----------------|----------------------------------|
| 18. <i>E813.4</i> I<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Ruptured liver</b><br>(A) <b>Hemoperitoneum</b><br>(B) <b>Hemoperitoneum</b><br>(C) |  | CAUSE OF DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |                |                                  |

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| 19A. DATE OF OPERATION  |   | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>street</b>         | 21C. WHERE DID INJURY OCCUR?<br><b>1309 Ballard Way 26-36</b>   |  | 21F. HOW DID INJURY OCCUR?<br><b>Riding tricycle; struck by auto</b>                |  |
| 21D. TIME (Month) (Day) (Year) (Hour) of INJURY<br><b>October 1, 1953-12:20P.m.</b>   | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . |  |   |  |
| 23A. SIGNATURE<br><i>Joseph A. Jachim</i>   |   | 23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>   |  | 23C. DATE SIGNED<br><b>October 1, 1953</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)   | 24B. DATE<br><b>Oct 3, 1953</b>   | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Symphony Church Cem.</b>   | 24D. LOCATION (City, town, or county) (State)<br><b>Benton Tennessee</b> |   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 2-1953</b>   | REGISTRAR'S SIGNATURE<br><i>Huntington</i>  | 25. FUNERAL DIRECTOR<br><b>SWENDEH J. DIPPEL</b>  |  | ADDRESS<br><b>3125 Highland Ave</b>   |  |

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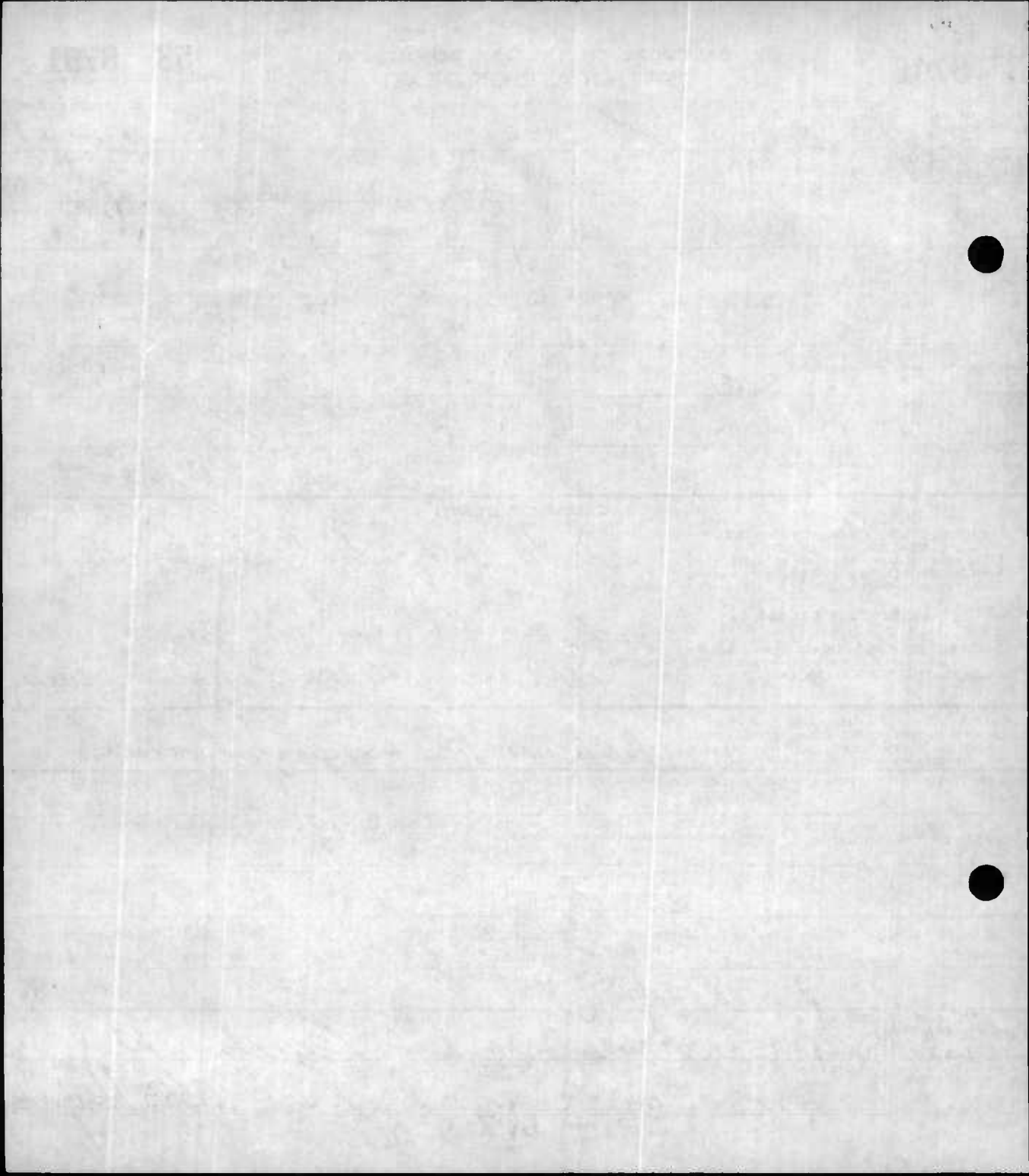
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1-400  
3 8791BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8791

|   |                           |   |  |
|---|---------------------------|---|--|
| 1. NAME OF DECEASED (Type or Print) <b>RAYMOND CONRAD MAULE</b>   |                           | 2. DATE OF DEATH <b>OCTOBER 2, 1953</b>   |  |
| 3. PLACE OF DEATH: <b>Baltimore City, Maryland</b> <i>yes</i>   |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MARYLAND</b><br>B. COUNTY  |  |
| 5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><b>UNION MEMORIAL HOSPITAL</b>   |                           | C. CITY OR TOWN (If outside corporate limits, write full name of city, town, or village, and give township)<br><b>BALTIMORE</b> |  |
| 6. Length of stay in Baltimore <b>62</b> Yrs. Mos. Days   |                           | D. STREET ADDRESS (If rural, give location)<br><b>2040 ROBB ST.</b>   |  |
| 7. SEX <b>M</b>   | 8. COLOR OR RACE <b>W</b> | 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>  | 10. DATE OF BIRTH <b>JULY 14, 1891</b> |
| 11. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)<br><b>CONTRACTOR</b>  |                           | 12. BIRTHPLACE (State or foreign country)<br><b>MARYLAND</b>  |  |
| 13. FATHER'S NAME <b>CONRAD MAULE</b>   |                           | 14. MOTHER'S MAIEN NAME <b>REBECCA A. GROVER</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)   |                           | 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT <b>JOHANNAC. MAULE (WIFE)</b>   |                           | 18. ADDRESS <b>SAME</b>   |  |
| 19. CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Acute heart failure (pulmonary edema)</b><br>DUE TO<br><b>Myocardial infarction</b><br>DUE TO<br><b>Arteriosclerotic cardiovascular disease</b><br>DUE TO<br><b>Coronary artery &amp; esophageal varices.</b><br>INTERVAL BETWEEN ONSET AND DEATH |                           |   |  |
| 20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                           |   |  |
| 21. DATE OF OPERATION <b>10/2/53</b>  |                           | 22. MAJOR FINDINGS OF OPERATION   |  |
| 23. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |                           |   |  |
| 24. ACCIDENT WAS UNOER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH  |                           | 25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |                           |   |  |
| 27. TIME (Month) (Day) (Year) (Hour) OF INJURY  |                           | 28. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |
| 29. HOW DID INJURY OCCUR?   |                           |   |  |
| 30. I hereby certify that I attended the deceased from <b>OCT 1, 1953</b> , to <b>OCT 2, 1953</b> , that I last saw the deceased alive on <b>OCT 2, 1953</b> and that death occurred at <b>8:30 AM.</b> , from the causes and on the date stated above.   |                           |   |  |
| 31. SIGNATURE <b>Barry J. Plunkett Jr.</b>  |                           | 32. ADDRESS <b>UMH</b>  |  |
| 33. DATE SIGNED <b>OCT 2, 1953</b>  |                           |   |  |
| 34. DATE <b>OCT 6, 1953</b>   |                           | 35. NAME OF CEMETERY OR CREMATORY <b>Greenmount</b>   |  |
| 36. LOCATION (City, town, or county) <b>Balto Md</b>  |                           | (State)   |  |
| 37. REGISTRAR'S SIGNATURE <b>Leonard J. Ruck</b>  |                           | 38. ADDRESS <b>5305 Bayford</b>   |  |
| 39. DATE SIGNED <b>OCT 2, 1953</b>  |                           | 40. SIGNATURE <b>290249</b>   |  |



350  
3 8792

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8792

|   |                                  |  |   |
|---|----------------------------------|--|---|
| 1. NAME OF DECEASED (Last, first, middle, or Print)<br><b>SAMUEL HOUSE STEEN</b>  |                                  | 2. DATE OF DEATH<br><b>OCTOBER 2, 1953</b>   |   |
| 3. PLACE OF DEATH:<br><b>Baltimore City, Maryland</b>   |                                  | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY <b>9-07</b> |   |
| 5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><b>1719 Montpelier Street</b>  |                                  | C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)<br><b>Baltimore</b>  |   |
| 6. Length of stay in Baltimore<br>Yrs.<br>Mos.<br>Days<br><b>1719 Montpelier Street</b>   |                                  | D. STREET ADDRESS (If rural, give location)  |   |
| 7. SEX<br><b>male</b>   | 8. COLOR OR RACE<br><b>white</b> | 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>  | 10. DATE OF BIRTH<br><b>Mar. 22, 1876</b> |
| 11. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)<br><b>Salesman</b>  |                                  | 12. AGE (in years - last birthday)<br><b>77</b>  |   |
| 13. FATHER'S NAME<br><b>George W. Steen</b>   |                                  | 14. BIRTHPLACE (State or foreign country)<br><b>Baltimore, Maryland</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><b>no or unknown</b>   |                                  | 16. SOCIAL SECURITY NO.  |   |
| 17. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |                                  | 18. MOTHER'S MAIDEN NAME<br><b>Mary Frances Hickman</b>  |   |
| 19. INFORMANT ADDRESS<br><b>Mrs. Rose T. Steen, 1719 Montpelier</b>   |                                  | 20. INTERVAL BETWEEN ONSET AND DEATH<br><b>2 years</b><br><b>10 years</b>  |   |
| 19A. DATE OF OPERATION<br><b>0</b>  |                                  | 19B. MAJOR FINDINGS OF OPERATION   |   |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |                                  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                                  | 21D. HOW DID INJURY OCCUR?   |   |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <b>1949</b> , to <b>Oct 2, 1953</b> , that I last saw the deceased alive on <b>Oct 1, 1953</b> , and that death occurred at <b>5:00 A.M.</b> , from the causes and on the date stated above. |                                  |  |   |
| 23A. SIGNATURE<br><b>Wm. F. Oakes</b>   |                                  | 23B. ADDRESS<br><b>3603 BELAIR ROAD</b>  |   |
| 23C. DATE (SIGNED)<br><b>10/2/53</b>  |                                  | 23D. DATE (SIGNED)   |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 24B. DATE<br><b>Oct 5, 1953</b>  |   |
| 24C. NAME OF CEMETERY OR CREMATORY<br><b>Moreland Cem. Park</b>   |                                  | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore, Maryland</b>  |   |
| 25. RECEIVED BY<br><b>CT 2-1553</b>   |                                  | 26. REGISTRAR'S SIGNATURE<br><b>Leonard J. Ruck</b>  |   |
| 27. FUNERAL HOME OR ADDRESS<br><b>Leonard J. Ruck, 5305 Harford Road.</b>   |                                  | 28. ADDRESS  |   |

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C-623  
53 8793BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8793

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MRS. LENA VIOLA CHRISTOPHER

2. DATE  
OF DEATH Oct. 1, 19533. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)  
A. STATE MarylandB. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

5009 Edgar Terrace

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

5009 Edgar Terrace

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 21, 1891

9. AGE (In years  
last birthday)

62

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
at home10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

Henry Bien

14. MOTHER'S MAIDEN NAME

Catherine Denges

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary E. Vito, 5009 Edgar Terrace

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Cancer of ovary

INTERVAL BETWEEN  
ONSET AND DEATH

3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Metastasis to liver

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to Sept 30, 1953, that I last saw the  
deceased alive on Sept 30, 1953, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

L. Chas. Green

M. D.

23B. ADDRESS

Red Mt. Bldg. Bldg.

23C. DATE SIGNED

Oct 2, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, Baltimore, Md.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

Emmett Queens  
Medical Arts Bldg. Office  
18 Norwood Road, Home

53 8794

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8794  
Registered No.

IRTH NO.

|   |                           |   |                                       |
|---|---------------------------|---|---------------------------------------|
| NAME OF DECEASED<br>(Type or Print) William Miller  |                           | 2. DATE OF DEATH<br>Sept. 30, 1953  |                                       |
| PLACE OF DEATH:<br>Baltimore City, Maryland   |                           | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE Maryland<br>B. COUNTY |                                       |
| FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br>1502 North Gay Street   |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore                               |                                       |
| Length of stay in Baltimore Life  |                           | D. STREET ADDRESS (If rural, give location)<br>1502 North Gay Street  |                                       |
| SEX<br>Male   | 6. COLOR OR RACE<br>White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>Widower  | 8. DATE OF BIRTH<br>Sept. 28, 1879    |
| 9. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)<br>Motorman  |                           | 10. KIND OF BUSINESS OR INDUSTRY<br>Balto. Transit  | 9. AGE (In years last birthday)<br>74 |
| FATHER'S NAME<br>Frederick Miller   |                           | 11. BIRTHPLACE (State or foreign country)<br>Baltimore Md.  |                                       |
| WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)<br>NO  |                           | 12. CITIZEN OF WHAT COUNTRY?  |                                       |
| 16. SOCIAL SECURITY NO.<br>213-10-0898  |                           | 17. INFORMANT<br>Mr George B. Miller Sr.<br>2005 Alameda Blvd (18)  |                                       |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)<br>443X<br>Chronic Myocarditis |                           | INTERVAL BETWEEN ONSET AND DEATH  |                                       |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |                           | (A) DUE TO<br>Arteriosclerosis  |                                       |
|   |                           | (B) DUE TO<br>Hypertension  |                                       |
|   |                           | (C)   |                                       |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                           |   |                                       |
| 19A. DATE OF OPERATION<br>0   |                           | 19B. MAJOR FINDINGS OF OPERATION  |                                       |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                           |   |                                       |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   |                           | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                |                                       |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                           |   |                                       |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                           | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                  |                                       |
| 21F. HOW DID INJURY OCCUR?  |                           |   |                                       |
| 22. I hereby certify that I attended the deceased from 9/1, 1953, to 9/30, 1953, that I last saw the deceased alive on 9/25, 1953, and that death occurred at 6 A. M., from the causes and on the date stated above.            |                           |   |                                       |
| 23A. SIGNATURE<br>Joseph J. Joubert   |                           | 23B. ADDRESS<br>441 S. Edgewood Ave   |                                       |
| 23C. DATE SIGNED<br>10/2/53   |                           |   |                                       |
| A. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |                           | 24B. DATE<br>Oct. 3, 1953   |                                       |
| 24C. NAME OF CEMETERY OR CREMATORY<br>Louden Park Cemetery  |                           | 24D. LOCATION (City, town, or county) (State)<br>Baltimore Maryland   |                                       |
| TE RECEIVED BY<br>CAL REGISTRAR   |                           | 25. FUNERAL DIRECTOR<br>Henry Sader & Sons Inc.<br>Baltimore Maryland   |                                       |
| REGISTRAR'S SIGNATURE<br>H. J. Joubert  |                           | ADDRESS<br>Baltimore Maryland   |                                       |

OCT 12 - 1953

66151

Sey &amp; Joubert

0878

00

STATE OF NEW YORK  
CERTIFICATE OF DEATH

1881

DECEASED

NAME

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

CITY

COUNTY

STATE

DECEASED

NAME

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

CITY

COUNTY

STATE

DECEASED

NAME

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

CITY

COUNTY

STATE

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 8795

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)Oswald Heilmann2. DATE  
OF  
DEATHOct. 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2938 Independence St

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

July 25, 1879

9. AGE (In years last birthday)

74

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Grocer

10B. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Heilmann

14. MOTHER'S MAIDEN NAME

Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Mrs Bertha Smith

ADDRESS

938 Montpelier St Balto, Md.18. 421.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis

DUE TO

unknown

ANTECEDENT CAUSES

(B) Endocarditis

DUE TO

unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchial Asthmaunknown

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/14/, 1953, to Oct. 1st., 1953 that I last saw the deceased alive on 9/28/, 1953, and that death occurred at 9 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 5, 1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore Maryland

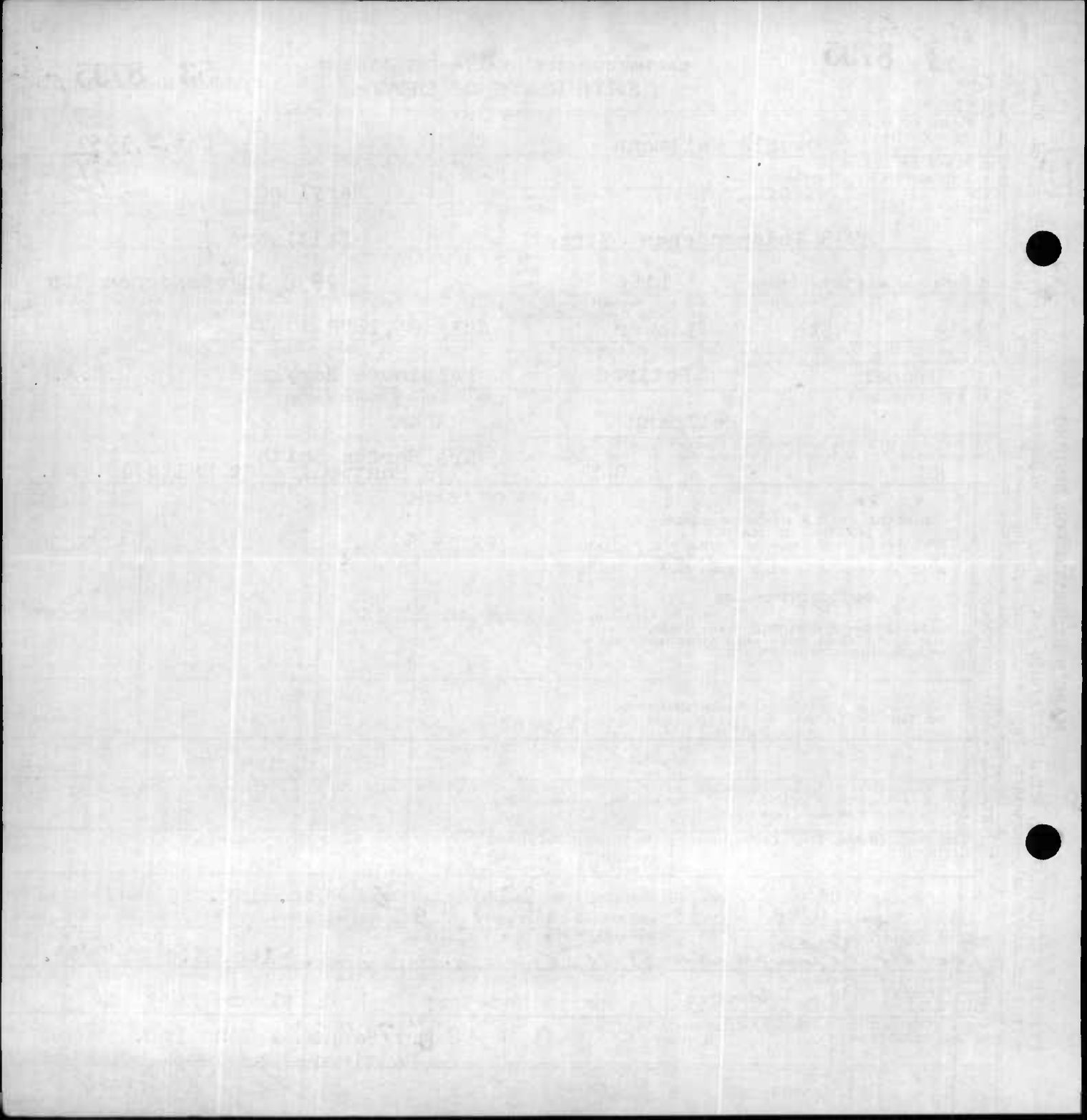
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1 2 5 3 0 0Heery & Sons Inc.Baltimore MarylandOct 2 - 1953 Tunstington Williams, N 2906ASegi P. Powell





53 T-460  
8796BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8796

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Stelen A. Taylor

2. DATE  
OF  
DEATH

Oct. 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Thayer 1

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or  
location)HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore 12-03

D. STREET ADDRESS (If rural, give location)

2809 St. Paul St.

c. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.

Female

White

Married

3-23-1895

38

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William O. Atwood

14. MOTHER'S MAIDEN NAME

Caroline B. Oursler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Rev. Eldridge H. Taylor 2809 St. Paul St.

18.

470.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Acute myocardial infarction

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive-arteriosclerotic-  
cardiorenal disease

unknown

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Primary Hyperparathyroidism

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1953 to 10/1, 1953 that I last saw the  
deceased alive on 10/1, 1953 and that death occurred at 3:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin S. Rosenthal

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10/1/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 3, 1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville,

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

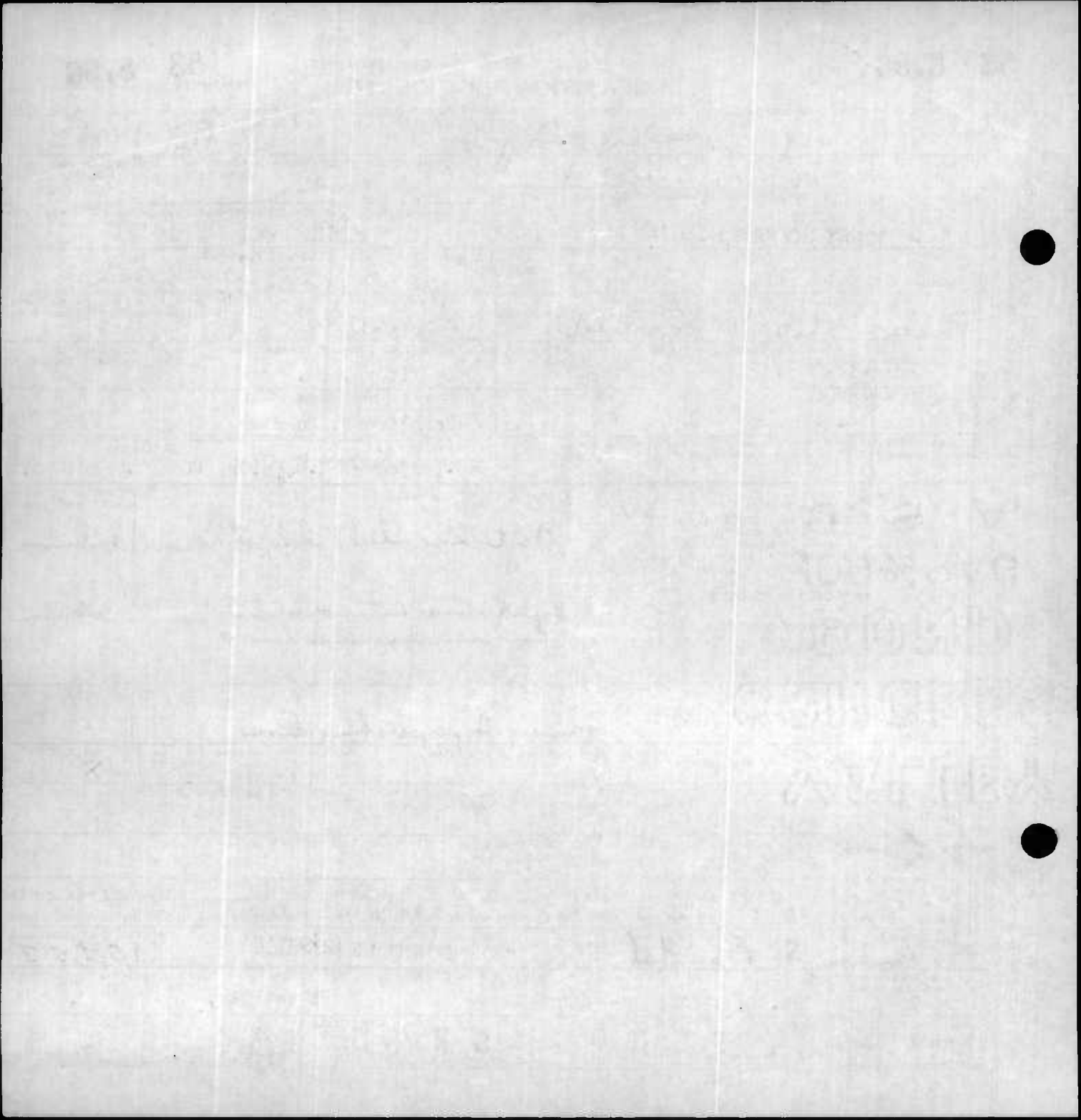
REGISTRAR'S SIGNATURE

Thurston B. ...

25. FUNERAL DIRECTOR

ADDRESS

John C. Mitchell Sons Inc, 1900 Eutaw Place



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 8797**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**JOHN LOUIS MOORHEAD**

2. DATE OF DEATH

**Sept. 28, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

**University Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

**Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1923 N. Eutaw Street**

c. Length of stay in Baltimore

**14 yrs.**

Yrs.  
Mos.  
Days

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**widowed**

8. DATE OF BIRTH

**Dec. 21, 1884**

9. AGE (In years last birthday)

**68**

If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**carpenter**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Cummings, Ga.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Marcy John Moorhead**

14. MOTHER'S MAIDEN NAME

**Georgie Tatum**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
**Yes 1907- 1910**

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Mr. Charles E. Moorhead 298 Willow St. Bridgeport, Conn.**

18.

**443x**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**Joseph A. Jachims**

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED  
**Sept. 29, 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24B. DATE

**Oct. 5, 1953**

24C. NAME OF CEMETERY OR CREMATORY

**Arlington National Cemetery Arlington, Va.**

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Thurston**

25. FUNERAL DIRECTOR

ADDRESS

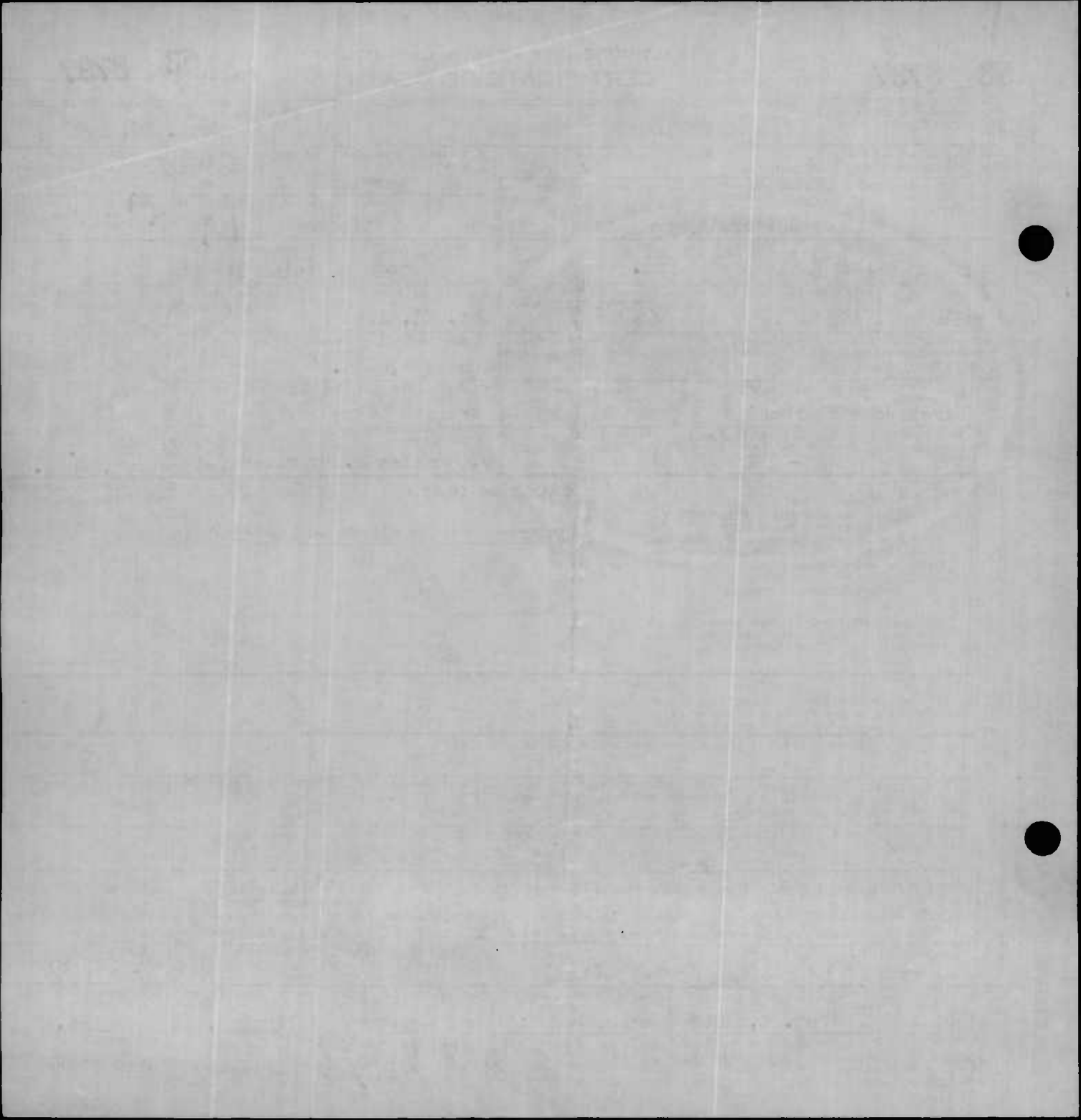
**John O. Mitchell 1900 Eutaw Place**

VS 151

**54024**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



M-321  
8798BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8798  
Registered No.

|  |                            |   |                                   |   |  |
|--|----------------------------|---|-----------------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print)   |                            | Anton Matejovic   |                                   | 2. DATE OF DEATH<br>Oct 2, 1953.  |  |
| 3. PLACE OF DEATH:<br>Baltimore City, Maryland   |                            | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Md. B. COUNTY |                                   | 5. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore |  |
| 6. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br>2421 E. Madison St.   |                            | 7. D. STREET ADDRESS (If rural, give location)<br>2421 E. Madison Street  |                                   | 8. Length of stay in Baltimore<br>Yrs. Mos. Days  |  |
| 9. SEX<br>male   | 10. COLOR OR RACE<br>white | 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>widowed   | 12. DATE OF BIRTH<br>Aug 25, 1865 | 13. AGE (In years last birthday)<br>88  | 14. If Under 1 Year Months Days If Under 24 Hours Hours Min. |
| 15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>none   |                            | 16. KIND OF BUSINESS OR INDUSTRY<br>none  |                                   | 17. BIRTHPLACE (State or foreign country)<br>Czechoslovakia                               |  |
| 18. FATHER'S NAME<br>Anton Matejovic   |                            | 19. MOTHER'S MAIDEN NAME<br>Unknown   |                                   | 20. CITIZEN OF WHAT COUNTRY?<br>U.S.  |  |
| 21. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br>no  |                            | 22. SOCIAL SECURITY NO.<br>none   |                                   | 23. 17. INFORMANT ADDRESS<br>Mary Runge 2509 Mc Elderry Street                            |  |
| 24. 18. 332X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>CAUSE OF DEATH<br>(A) CEREBRAL THROMBOSIS<br>DUE TO ARTERIOSCLEROSIS, GENERALIZED<br>(B) DUE TO<br>(C) DUE TO<br>INTERVAL BETWEEN ONSET AND DEATH<br>24 hrs<br>10-20 yrs<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                            |   |                                   |   |  |
| 25. 19A. DATE OF OPERATION   |                            | 26. 19B. MAJOR FINDINGS OF OPERATION  |                                   | 27. 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>              |  |
| 28. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  |                            | 29. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                    |                                   | 30. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)              |  |
| 31. 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |                            | 32. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>      |                                   | 33. 21F. HOW DID INJURY OCCUR?  |  |
| 34. 22. I hereby certify that I attended the deceased from June 4, 1951 to Oct. 2, 1953 that I last saw the deceased alive on Oct. 1, 1953, and that death occurred at 12:20 p.m., from the causes and on the date stated above.   |                            |   |                                   |   |  |
| 35. 23A. SIGNATURE<br>Huntington Villous   |                            | 36. 23B. ADDRESS<br>121 S. Highland Ave.<br>M. D.   |                                   | 37. 23C. DATE SIGNED<br>10/2/53   |  |
| 38. 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |                            | 39. 24B. DATE<br>Oct 5, 1953  |                                   | 40. 24C. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cem.                              |  |
| 41. 24D. LOCATION (City, town, or county) (State)<br>Belair Rd   |                            | 42. 25. FUNERAL DIRECTOR<br>Schirunok Funeral Home<br>2401 E. Madison St.                                       |                                   | 43. ADDRESS   |  |
| 44. DATE RECEIVED BY LOCAL REGISTRAR<br>OCT 3-1953   |                            | 45. REGISTRAR'S SIGNATURE<br>Huntington Villous   |                                   | 46. ADDRESS   |  |

8308

53

DEPARTMENT OF HEALTH - GOVERNMENT  
CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

AGE

SEX

PLACE OF BIRTH

OCCUPATION

CAUSE OF DEATH

DEGREE OF DEATH

DATE

TIME

PLACE

OCCUPATION

CAUSE OF DEATH

DEGREE OF DEATH

DATE

TIME

PLACE

OCCUPATION

CAUSE OF DEATH

DEGREE OF DEATH

DATE

TIME

PLACE

OCCUPATION

CAUSE OF DEATH

DEGREE OF DEATH



H 625  
3 8789

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8789

IRTH NO.

NAME OF DECEASED  
(Type or Print)

HARRISON, PAUL

2. DATE  
OF  
DEATH

October 2 / 53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

South Balto Gen. Hosp

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-18

D. STREET ADDRESS (If rural, give location)

3713 Beechler Avenue

Length of stay in Baltimore

Life

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 30, 1903

9. AGE (In years last birthday)

50

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)

hauteur

10B. KIND OF BUSINESS OR INDUSTRY

cab

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

USA

FATHER'S NAME

Simon Harrison

14. MOTHER'S MAIDEN NAME

Ida Wasserstein

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

no or unknown

16. SOCIAL SECURITY NO.

213-05-7727

17. INFORMANT

Freda M. Harrison - 3713 Beechler Ave

18. 603X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Renal insufficiency

DUE TO

ANTECEDENT CAUSES

(B) Uremia

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept. 27, 1953, to Oct. 2, 1953, that I last saw the deceased alive on Oct 25, 1953, and that death occurred at 12:40 am., from the causes and on the date stated above.

23. SIGNATURE

Donald Benner Jensen, M. D.

23B. ADDRESS

South Balto Gen Hosp

23C. DATE SIGNED

10/2/53

A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/4/53

24C. NAME OF CEMETERY OR CREMATORY

Zenach Zedek

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

TE RECEIVED BY CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Bob Harrison & Bros - 1124-26 W.

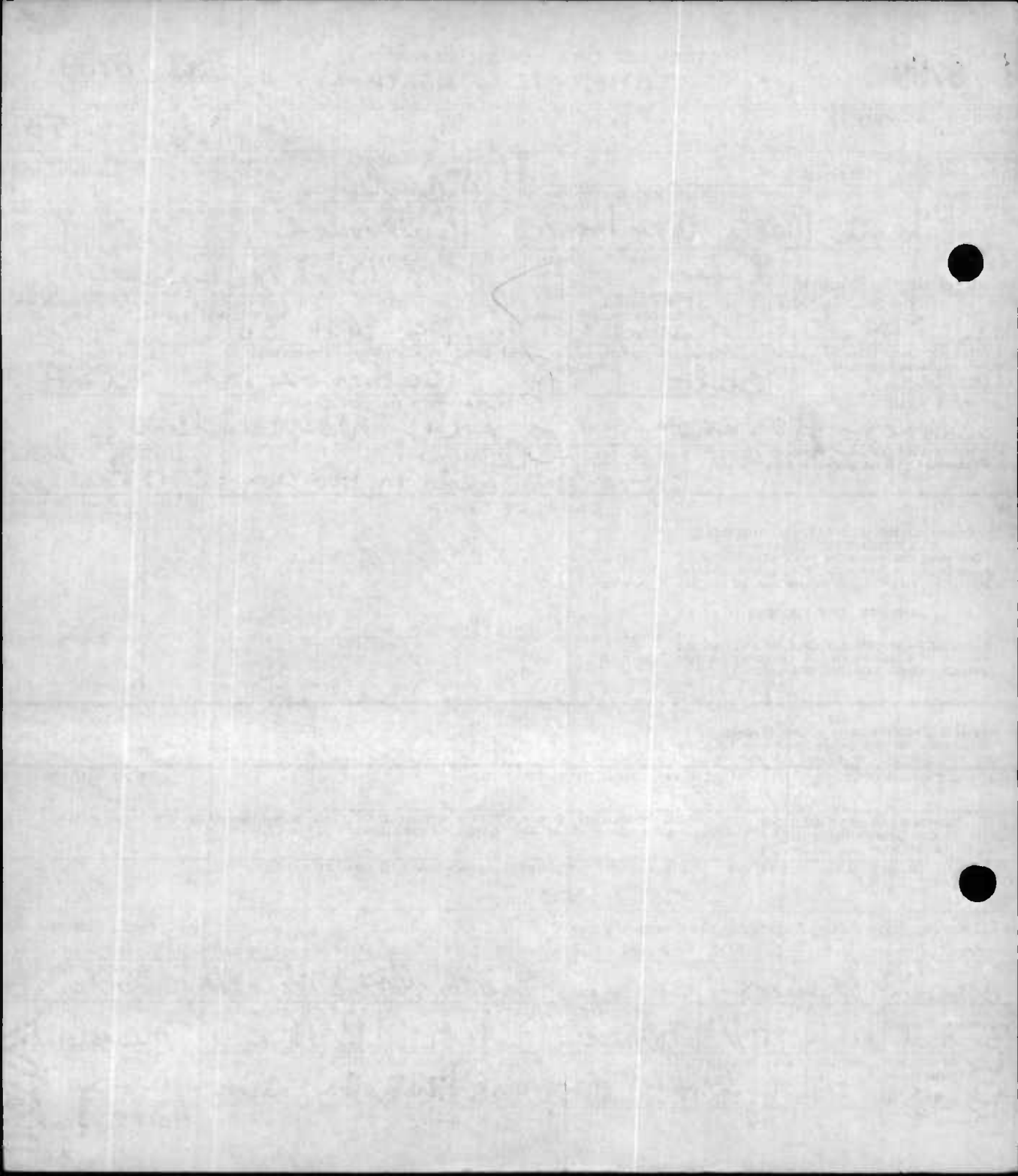
ADDRESS

North Ave

ET 3-1953

VS 150

68254



R-252  
53 8800BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53-8800

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Michael Resnick

2. DATE OF DEATH October 1 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

4613 Park Heights Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 15-13D. STREET ADDRESS (If rural, give location)  
2622 Oswego Avenue

Length of stay in Baltimore

15 yrs

SEX male 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 1874 9. AGE (in years last birthday) 79 If Under 1 Year Months Days If Under 24 Hours Hours Min.

A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY

proprietor Restaurant

11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

Russia USA

FATHER'S NAME

Morris Resnick

14. MOTHER'S MAIDEN NAME

Ida ?

WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Mrs. Hyman Shear - 3408 Rosedale Road

1B. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH  
(A) Coronary thrombosis 1 hour

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis 5 years +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov 12, 1951, to date, 1953, that I last saw the deceased alive on Sept 26, 1953, and that death occurred at 9 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Alan Bernick

M. D.

23B. ADDRESS

1109 N Calvert St (V)

23C. DATE SIGNED

10/1/53

A. BURIAL, CREMA- REMOVAL (Specify)

Burial

24B. DATE

10/4/53

24C. NAME OF CEMETERY OR CREMATORY

Greater Baito Lodge Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

RECEIVED BY CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol. Levinson + Bros - 1124-26 W. North Avenue

OCT 3 - 1953

STATE OF NEW YORK  
DEPARTMENT OF HEALTH

1911

1911

DEPARTMENT OF HEALTH

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DEPARTMENT OF HEALTH

M-242  
3 8801BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8801

Registered No.

IRTH NO.

NAME OF DECEASED  
(Please Print)

Fannie Michelson

2. DATE  
OF  
DEATH

October 2, 1953

PLACE OF DEATH:

Baltimore City, Maryland Lutheran Hospital

FULL NAME OF (If not in hospital or institution, give street address or location)  
Lutheran Hospital

30 Ashburton Str. Baltimore Md

Yrs.  
Mos.  
Days

Length of stay in Baltimore

SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

clerk

10B. KIND OF BUSINESS OR  
INDUSTRY

at Michelson and Co. Baltimore

FATHER'S NAME

Irvin Michelson

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

no or unknown

16. SOCIAL  
SECURITY NO.

216-03-4634

17. INFORMANT ADDRESS

hospital - records  
Lutheran Hospital, Baltimore Md.

18. 470.1 and 260X

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

- (A) Myocardial infarction and Acute pulmonary edema 1 month  
DUE TO
- (B) CORONARY OCCLUSION 1 month  
DUE TO
- (C) HYPERTENSIVE ARTERIOSCLEROTIC cardiovascular disease 2 yrs +  
DUE TO

INTERVAL BETWEEN  
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS

time  
undetermined

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 22, 1953 to October 2, 1953 that I last saw the  
deceased alive on October 2, 1953 and that death occurred at 3:48 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William D. Larson M.D.

23B. ADDRESS

Lutheran Hospital of Md

23C. DATE SIGNED

10/2/53

BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/4/53

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington William M. S. Larson

25. FUNERAL DIRECTOR

Brook - 1124-26 W

ADDRESS

North Ave

OCT 3 - 1953

VS 150

3906C

1034

2028





5-534  
8802BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8802

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Helen Sandler

2. DATE  
OF  
DEATH

Oct. 2 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
STITUTION

2457 Shirley ave

Length of stay in Baltimore

Life

SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR  
INDUSTRY

Dept store

FATHER'S NAME

Louis

Sandler

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

no or unknown

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

Sept. 15 1903

9. AGE (In years, last birthday) Under 1 Year  
Months; Days

50

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Ella Steir

17. INFORMANT

Barrett Naiditch

ADDRESS 2457  
Shirley ave

18. 200.1 1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Lympho Sarcoma STomach

4 years

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949 to Oct. 2, 1953 that I last saw the  
deceased alive on Oct. 1, 1953 and that death occurred at 6:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Paul E. Carlier

M. D.

23B. ADDRESS

2217 South Road

23C. DATE SIGNED

10/3/53

A. BURIAL, CREMA-  
REMOVAL (Specify)

Burial

24B. DATE

10/4/53

24C. NAME OF CEMETERY OR CREMATORY

Annie Emerald

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

TE RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Ed. Johnson

ADDRESS

1124-26 W.

OCT 3 - 1953

100

1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 26

100

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8803

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) *Givner, Sarah*2. DATE  
OF  
DEATH *10-2-53*3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)  
A. STATE *Maryland* B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION *Sinai Hospital*C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township) *Baltimore 6-05*C. Length of stay in Baltimore *70 yrs.*  
Yrs.  
Mos.  
DaysD. STREET ADDRESS (If rural, give location)  
*307 N. Broadway*

5. SEX

*Female*

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
*Widow*

8. DATE OF BIRTH

*1867*9. AGE (In years  
last birthday)*86*If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR  
INDUSTRY*own home*

11. BIRTHPLACE (State or foreign country)

*Russia*12. CITIZEN OF  
WHAT COUNTRY?*USA*

13. FATHER'S NAME

*Abraham Hettelman*

14. MOTHER'S MAIDEN NAME

*unknown*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS *Ormond**Nathan Givner - 2438 Leberrier*18. *420.0*

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) *respiratory arrest*DUE TO *arteriosclerotic heart  
disease*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
M. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10-1*, 1953, to *10-2*, 1953, that I last saw the  
deceased alive on *10-2*, 1953, and that death occurred at *3:08* p.m., from the causes and on the date stated above.

23A. SIGNATURE

*Robert C. Zulander*

M. D.

23B. ADDRESS

*Sinai Hospital*

23C. DATE SIGNED

*10-2-53*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)*Burial*

24B. DATE

*10/4/53*

24C. NAME OF CEMETERY OR CREMATORY

*Shonna Michener*

24D. LOCATION (City, town, or county)

*Baltimore, Md.*

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams*

25. FUNERAL DIRECTOR

*Vol. Levinson + Bros - 1124-26 W.*

ADDRESS

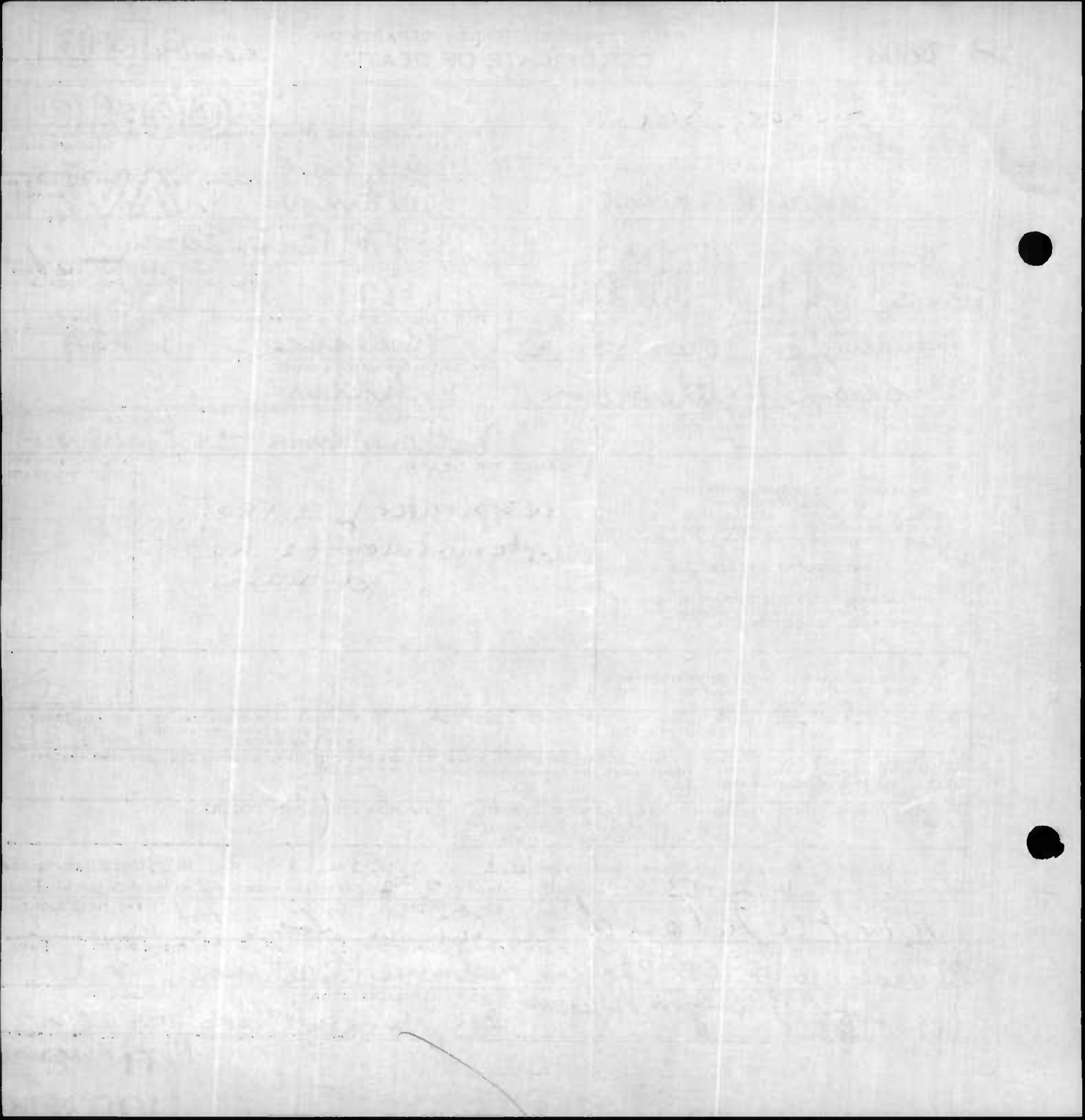
*North Avenue*

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8804**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**NATHANIEL JENNINGS**2. DATE  
OF  
DEATH **October 1, 1953**3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)**Maryland**B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION **312 Worsley Street**C. CITY OR TOWN (If outside corporate limits, give LOCAL and give  
township)  
**Baltimore**

C. Length of stay in Baltimore

**25 yrs**Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

**312 Worsley Street**

5. SEX

**M**

6. COLOR OR RACE

**Colored**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
**Married**

8. DATE OF BIRTH

**June 16, 1905**9. AGE (In years  
last birthday)**48**If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY  
**Laborer**

11. BIRTHPLACE (State or foreign country)

**Crew, Virginia**12. CITIZEN OF  
WHAT COUNTRY?  
**U.S.A.**

13. FATHER'S NAME

**Cable Jennings**

14. MOTHER'S MAIDEN NAME

**Ida Jennings**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)**Unknown**16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**Alberta Jennings 312 Worsley Street**

18.

**442X**

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

**Uremia**

DUE TO

**1 wk.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

**Hypertensive C-V Renal Dis.  
C Cong. Failure (Compensated)**

DUE TO

**7 mos.**

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/20**, 19**53**, to **10/1**, 19**53**, that I last saw the  
deceased alive on **9/30**, 19**53**, and that death occurred at **3 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**J. P. Hunter**

M. D.

23B. ADDRESS

**601 N. Carrollton**

23C. DATE SIGNED

**10/2/53**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

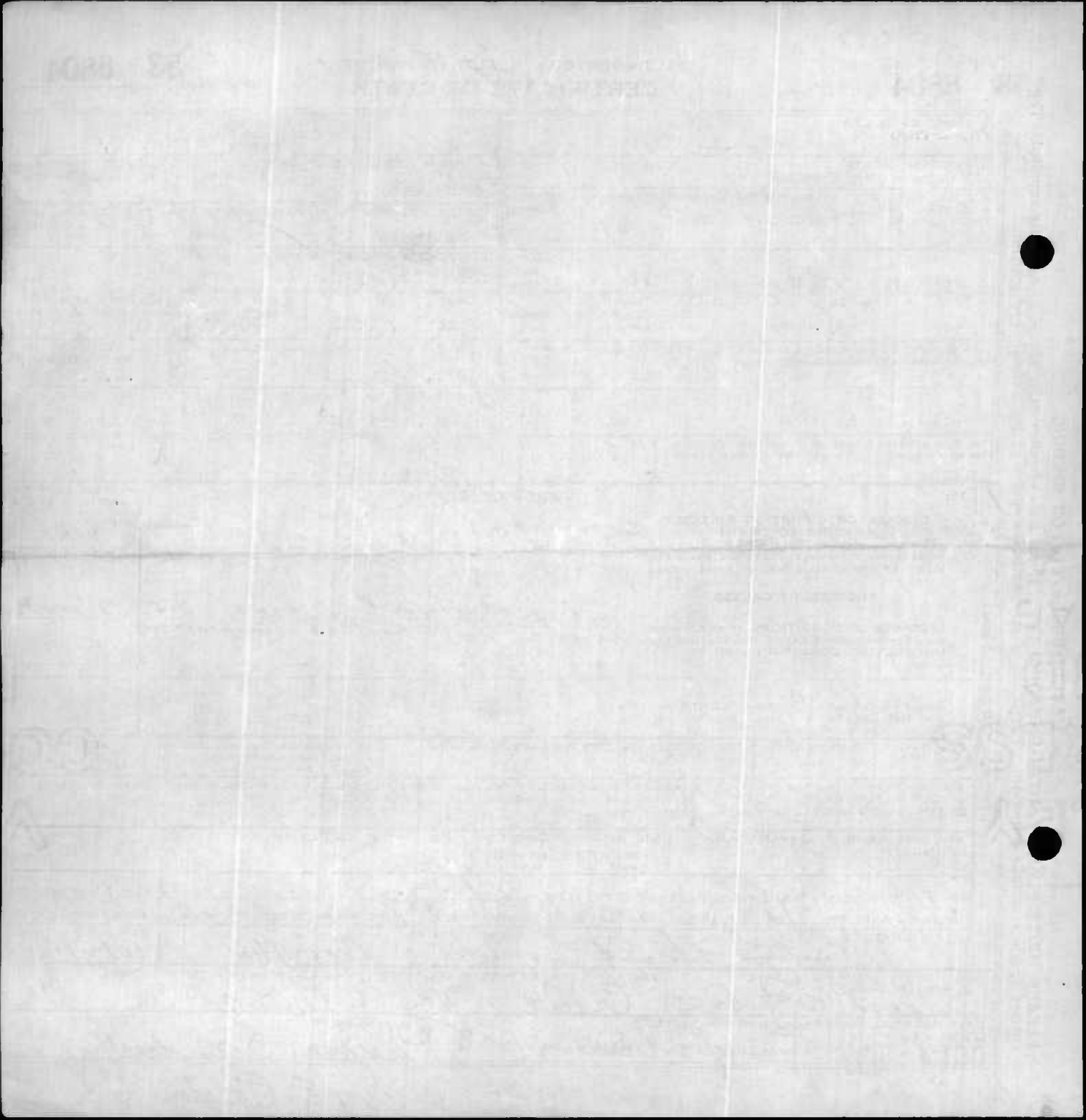
**Shipped****Oct 3-53****Crew****VA****Crew****VA****VA**DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**OCT 3 - 1953****Huntington Williams, M.D.****Rayner Sanders****97099 217 E. Preston St**





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8805 Registered No.

BIRTH NO. 53-24296

1. NAME OF DECEASED  
(Type or Print)

ROBERT DALE KIRKLEY

2. DATE  
OF  
DEATH

10-2-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Bon Secours Hosp.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

437 Westshire Drive

8. DATE OF BIRTH

10-2-53

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Holmes

14. MOTHER'S MAIDEN NAME

Ruth Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.  
none

17. INFORMANT

ADDRESS

Mr. Edward H. Kirkley -437 Westshire Rd. Catonsville, Md.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## CAUSE OF DEATH

ERYTHROBLASTOSIS FETALIS

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23A. SIGNATURE

Jairo Legante

M. D.

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

10-2-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/3/53

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

24D. LOCATION (City, town, or county)

A. A. Co., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. &amp; J. Pickens &amp; Sons

25. FUNERAL DIRECTOR

ADDRESS

Baltimore, Md.

100-10000

UNITED STATES DEPARTMENT OF JUSTICE

100-10000

OFFICE OF THE ATTORNEY GENERAL

[Faint, mostly illegible text and markings covering the page, possibly bleed-through from the reverse side. Some faint words like "UNITED STATES" and "DEPARTMENT OF JUSTICE" are visible.]

J-620

8806

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. <sup>53</sup> 8806

|  |  |  |  |
|--|--|--|--|
| NAME OF DECEASED<br>(Type or Print)  |  | 2. DATE OF DEATH   |  |
| Harry Archer Gross   |  | October 2, 1953  |  |
| PLACE OF DEATH:<br>Baltimore City, Maryland Baltimore, Md.   |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)                  |  |
| FULL NAME OF HOSPITAL OR INSTITUTION<br>St. Joseph's Hospital  |  | A. STATE Maryland<br>B. COUNTY   |  |
| Length of stay in Baltimore Life   |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore              |  |
| SEX Male   |  | D. STREET ADDRESS (If rural, give location)<br>Box 332, Route 2, Zone 6                                |  |
| 6. COLOR OR RACE White   |  | 8. DATE OF BIRTH March 18-1883   |  |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single   |  | 9. AGE (in years last birthday) 70   |  |
| A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)<br>Truck Farmer   |  | 11. BIRTHPLACE (State or foreign country) Maryland   |  |
| 10B. KIND OF BUSINESS OR INDUSTRY Own. Farm  |  | 12. CITIZEN OF WHAT COUNTRY? U S A   |  |
| FATHER'S NAME Jacob G. Gross   |  | 14. MOTHER'S MAIDEN NAME Ellen Todd  |  |
| 13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br>No  |  | 16. SOCIAL SECURITY NO. No Nc  |  |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>550.1 I                    |  | 17. INFORMANT Mrs. Wm Maxwell 11.49. Fenwick Lane  |  |
| ANTECEDENT CAUSES  |  | CAUSE OF DEATH Perforated appendix<br>acute gangrenous appendicitis<br>and postop. enterococcal        |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br>II Generalized arteriosclerosis.  |  |  |  |
| 19A. DATE OF OPERATION   |  | 19B. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |  |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |  |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  |
| 21F. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from Sept. 10, 1953, to October 2, 1953 that I last saw the deceased alive on Oct. 2, 1953, and that death occurred at 6:30P m., from the causes and on the date stated above. |  |  |  |
| 23A. SIGNATURE Dr. J. H. Kraw.   |  | 23B. ADDRESS 1400 N. Caroline St. #13  |  |
| 23C. DATE SIGNED 10/2/53   |  |  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial   |  | 24B. DATE 10/5/53  |  |
| 24C. NAME OF CEMETERY OR CREMATORY Greenleaf Cem   |  | 24D. LOCATION (City, town, or county) (State) Baltimore  |  |
| 24E. DATE RECEIVED BY LOCAL REGISTRAR OCT 3-1953   |  | 24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.   |  |
| 24G. FUNERAL DIRECTOR Lassarum Funeral Home  |  | 24H. ADDRESS 7401 Belair Rd  |  |

10010

BATHING OF CHILDREN OF DEATH  
CERTIFICATE OF DEATH

JANUARY 1, 1917

JANUARY 1, 1917

JANUARY 1, 1917

JANUARY 1, 1917

JANUARY 1, 1917

JANUARY 1, 1917

JANUARY 1, 1917

JANUARY 1, 1917

JANUARY 1, 1917

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JANUARY 1, 1917

JANUARY 1, 1917

JANUARY 1, 1917

JANUARY 1, 1917

JANUARY 1, 1917

JANUARY 1, 1917

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OCT 4 - 1953

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 8807**

BIRTH NO. **0-250 53 8807**

|   |                           |  |   |  |   |
|---|---------------------------|--|---|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>KATIE OKEN</b>  |                           |  | 2. DATE OF DEATH <b>10-2-53</b>   |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                           |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>C. CITY OR TOWN <b>Baltimore</b> (If outside corporate limits, write RURAL and give township) <b>15-13</b> |  |   |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Linai Hospital of Baltimore</b>                                    |                           |  | 6. STREET ADDRESS (If rural, give location) <b>4231 Roland View Ave #15</b>   |  |   |
| c. Length of stay in Baltimore <b>50</b> Yrs. <b>50</b> Mos. <b>50</b> Days                                   |                           |  | 7. DATE OF BIRTH  |  |   |
| 5. SEX <b>F</b>   | 6. COLOR OR RACE <b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b> | 8. AGE (In years last birthday) <b>64</b>   |  | 9. Under 1 Year Months: Days                            |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b> |                           |  | 10B. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country) <b>Russia</b> |
| 13. FATHER'S NAME <b>Not known</b>  |                           |  | 14. MOTHER'S MAIDEN NAME <b>Not known</b>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)      |                           |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT <b>Fred Oken</b> ADDRESS <b>Same</b>      |

|   |  |                |  |                                  |  |
|---|--|----------------|--|----------------------------------|--|
| 18. <b>199.5</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) |  | CAUSE OF DEATH |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| (A) <b>metastatic carcinoma of brain</b>  |  | DUE TO         |  |                                  |  |
| (B) <b>carcinoma of left lung</b>   |  | DUE TO         |  |                                  |  |
| (C)   |  |                |  |                                  |  |
| ANTECEDENT CAUSES   |  |                |  |                                  |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |  |                |  |                                  |  |

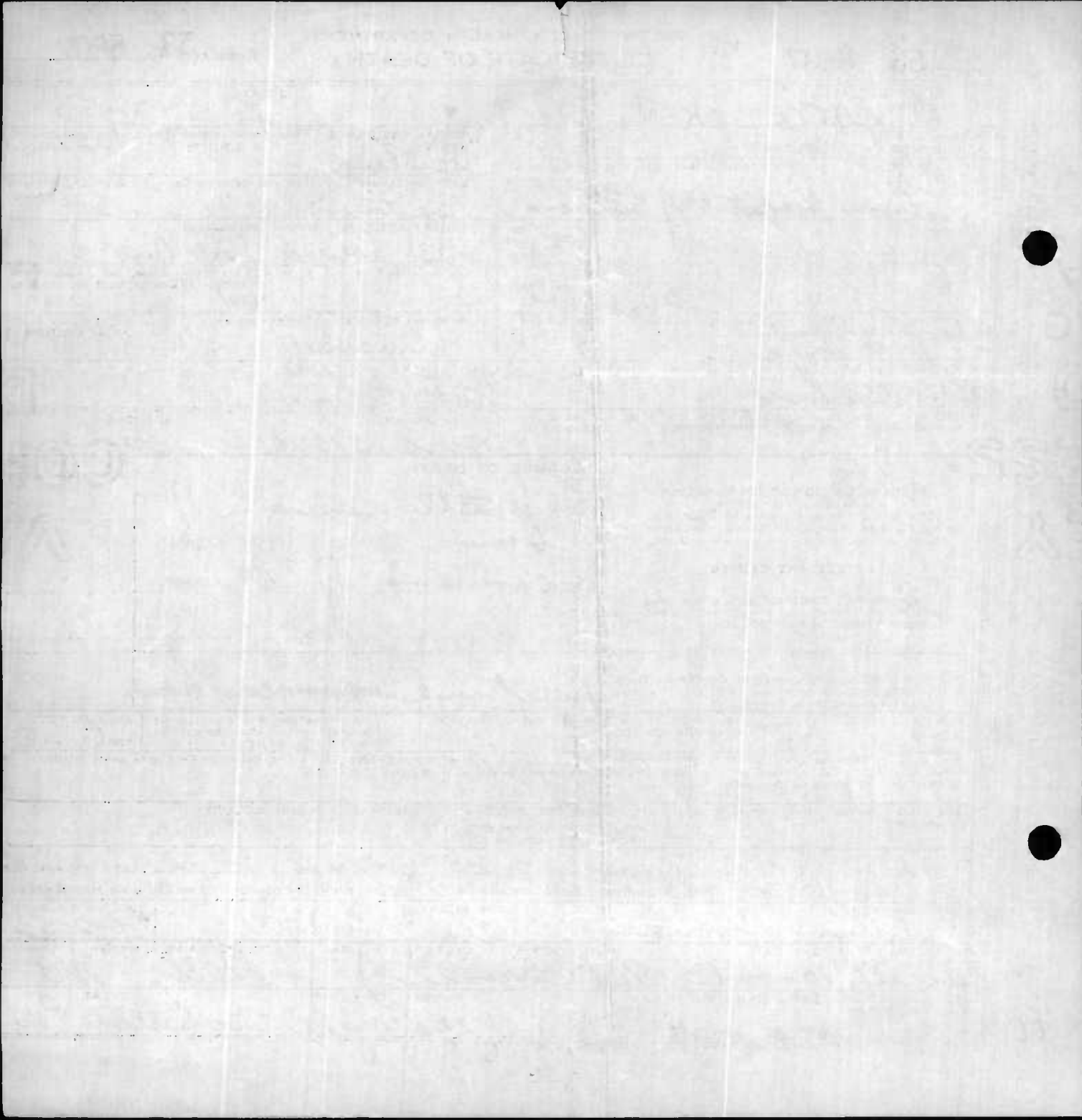
|  |  |  |  |  |  |
|--|--|--|--|--|--|
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Hypertensive Cardiovascular disease</b> |  |  |  |  |  |
| 19A. DATE OF OPERATION <b>0</b>  |  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   |  | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   |  |
| 20A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)                      |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |

22. I hereby certify that I attended the deceased from **9-28-1953** to **10-2-1953**, that I last saw the deceased alive on **10-2-1953**, and that death occurred at **2:15 AM**, from the causes and on the date stated above.

|                                      |  |                                    |  |                                 |  |
|--------------------------------------|--|------------------------------------|--|---------------------------------|--|
| 23A. SIGNATURE <b>William Korman</b> |  | 23B. ADDRESS <b>Linai Hospital</b> |  | 23C. DATE SIGNED <b>10-2-53</b> |  |
|--------------------------------------|--|------------------------------------|--|---------------------------------|--|

|   |  |                          |  |   |  |
|---|--|--------------------------|--|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> |  | 24B. DATE <b>10-4-53</b> |  | 24C. NAME OF CEMETERY OR CREMATORY <b>Mt Carmel</b>           |  |
|   |  |                          |  | 24D. LOCATION (city, town, or county) (State) <b>Balto Md</b> |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| DATE RECEIVED BY LOCAL REGISTRAR <b>4-1953</b> |  | REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b> |  | 25. FUNERAL DIRECTOR <b>Jack Lewis</b> ADDRESS <b>2100 Canton Pl</b> |  |
|--|--|--|--|--|--|





B-635

53 8808

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

53 8808

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John W. BURTON JR.

2. DATE  
OF  
DEATH

10-3-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Md.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

28 University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore 25-06 X

D. STREET ADDRESS (If rural, give location)

3457 Chessel Court

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR or RACE

white

7. SINGLE ~~MARRIED~~

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11/15/14

9. AGE (In years  
last birthday)

38

If Under 1 Year  
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Guard

10B. KIND OF BUSINESS OR  
INDUSTRY

Maryland Drydock

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Burton

14. MOTHER'S MAIDEN NAME

Bessie Foos

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

217-03-0232

17. INFORMANT

ADDRESS

Nellie Lemora Burton

18. 4222

CAUSE OF DEATH 3457 Chessel Court

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Myocardial fibrosis &  
cardiomegaly

9-5 days

ANTECEDENT CAUSES

(B)

DUE TO

cause unknown  
Respiratory alkalosisDISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

DUE TO

Intractable shock

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-29, 1953, to 10-3, 1953, that I last saw the  
deceased alive on 10-3, 1953, and that death occurred at 2:14 p.m., from the causes and on the date stated above.

23A. SIGNATURE

L. Felipe Gonzalez

23B. ADDRESS

Hennrichs Hospital

23C. DATE SIGNED

10-3-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

October 3-5 Western Cemetery

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

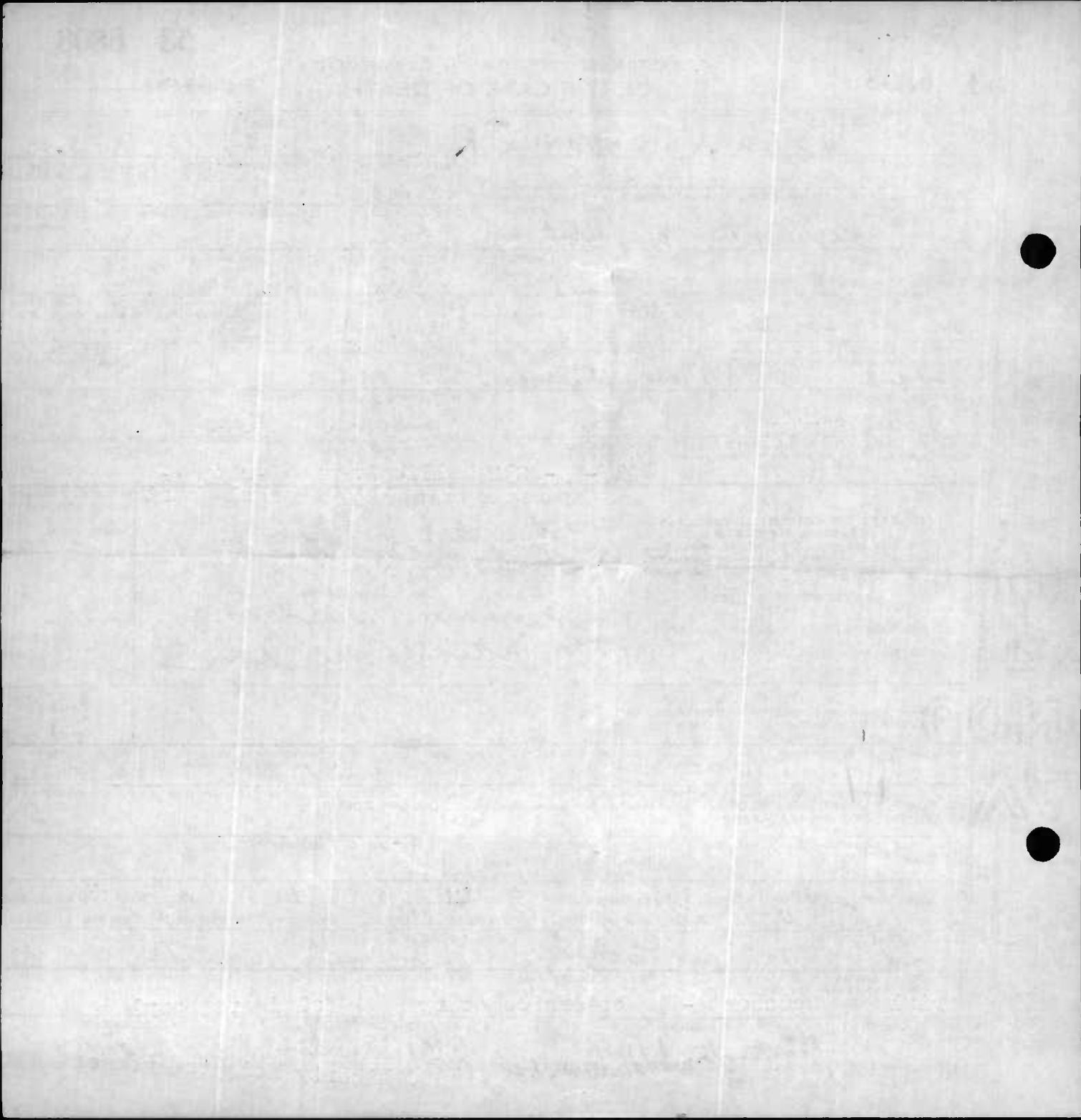
Eberworth Armachost

ADDRESS

4600 Liberty Heights Avenue

OCT 4 - 1953

763 30



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8809

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mr. Eugene C. Baxter

2. DATE  
OF  
DEATH

Oct. 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

3201 Rosekemp Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

27-02

D. STREET ADDRESS (If rural, give location)

3201 Rosekemp Avenue

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 22, 1880

9. AGE (In years  
last birthday)

73

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Crown Cork &amp; Seal Co.

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Richard Baxter

14. MOTHER'S MAIDEN NAME

Addie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

212-09-7897

17. INFORMANT

ADDRESS

Mrs. Martha J. Baxter, 3201 Rosekemp

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH161x  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) *Carcinoma Larynx*  
DUE TO

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4-4-52

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED*Carcinoma Larynx*IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May*, 1953 to *10-2-*, 1953 that I last saw the  
deceased alive on *9-26-*, 1952, and that death occurred at *8 P* m., from the causes and on the date stated above.

23A. SIGNATURE

*E. W. Peake*

23B. ADDRESS

M. D.

*4508 Harford Rd*

23C. DATE SIGNED

*10-3-53*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 6 1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, Jr.*

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Rd.

Dr. Peake  
4508 Harford Road  
9-10

5-520  
53 8810

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8810  
Registered No.

BIRTH NO.

|  |                                  |   |  |  |  |
|--|----------------------------------|---|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Simms, Manqanet M</b>  |                                  |   | 2. DATE OF DEATH <b>Oct 3, 1953</b>  |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b> |  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>University Hospital</b> |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore 27-01</b>                                       |  |  |
| c. Length of stay in Baltimore <b>67</b> Yrs. Mos. Days  |                                  |   | D. STREET ADDRESS (If rural, give location)<br><b>2044 E. Belvedere Ave</b>  |  |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>WIDOWED</b> | 8. DATE OF BIRTH<br><b>6-22-86</b>   |  | 9. AGE (In years last birthday)<br><b>67</b>                 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b>                            |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b> |
| 13. FATHER'S NAME<br><b>John Maxwell Simms</b>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Sarah Conkling</b>  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b>                      |                                  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT <b>SON</b> ADDRESS<br><b>Laurence Simms - 2044 E. Belvedere</b>  |  |  |

|   |  |   |  |
|---|--|---|--|
| 18. <b>153X I</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Carcinoma of the Colon</b> |  | CAUSE OF DEATH<br><b>Carcinoma of the Colon</b> | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 years</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B) (C)   |  |   |  |

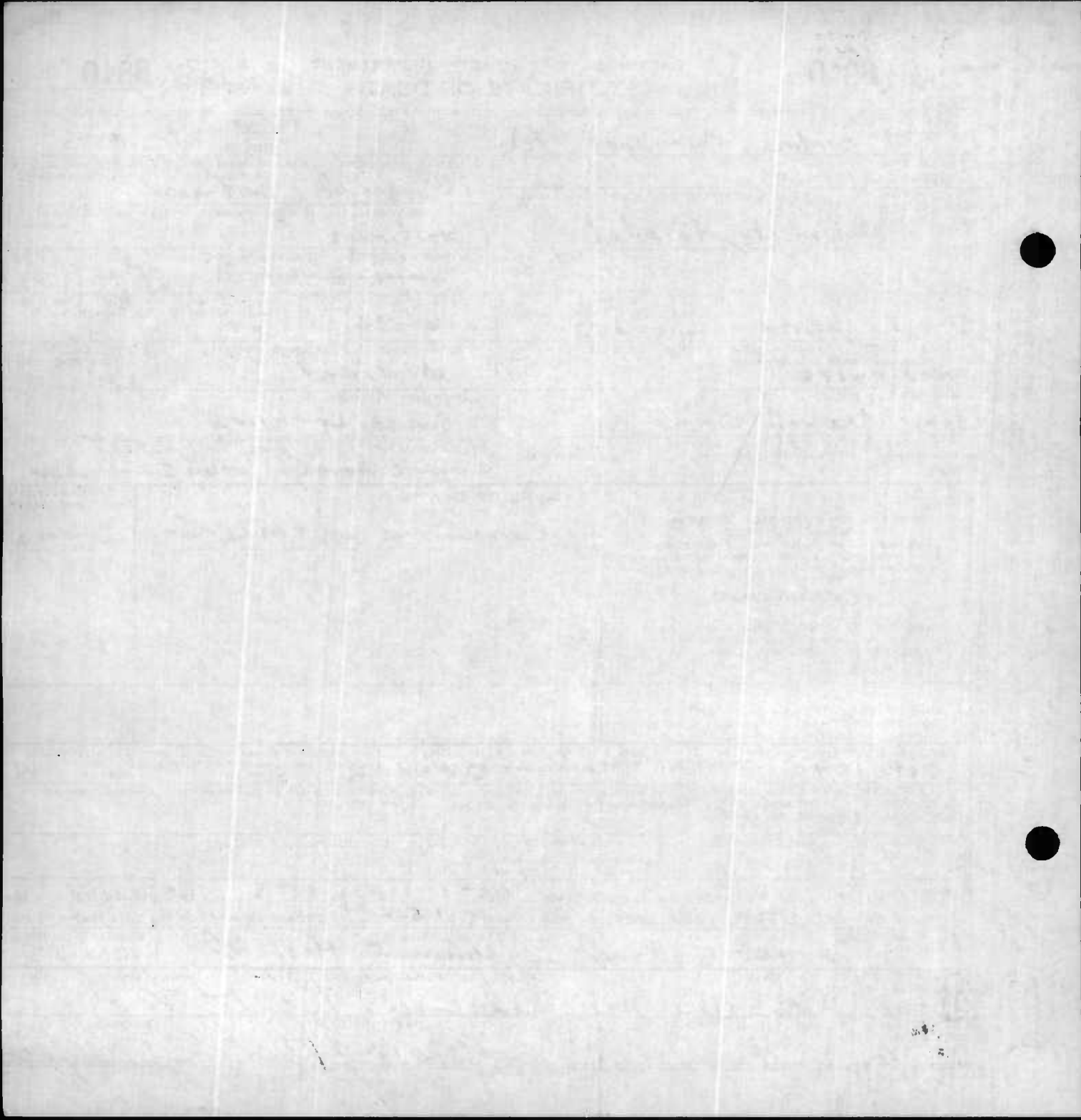
II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

|   |   |  |   |
|---|---|--|---|
| 19A. DATE OF OPERATION<br><b>Oct 1950</b>   | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED<br><b>Carcinoma of Colon</b>                             | IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |   |

22. I hereby certify that I attended the deceased from **Oct 1, 1953** to **Oct 3, 1953**, that I last saw the deceased alive on **Oct 2, 1953**, and that death occurred at **1:50 A.M.**, from the causes and on the date stated above.

|  |  |  |
|--|--|--|
| 23A. SIGNATURE<br><b>James R. Read</b>                                 | 23B. ADDRESS<br><b>University Hospital</b>             | 23C. DATE SIGNED<br><b>10-3-53</b>                         |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>             | 24B. DATE<br><b>Oct 6-1953</b>                         | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Holy Redeemer</b> |
| 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore, Md.</b> | 25. FUNERAL DIRECTOR<br><b>Howard Luck 5305 N. ...</b> |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 4 - 1953</b>                |  |  |
| REGISTRAR'S SIGNATURE<br><b>Stuntington Williams</b>                   |  |  |

MARGIN RESERVED FOR BINDING  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: write the causes of death clearly and legibly.





M-324  
53 8811BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8811

BIRTH NO. Non Rec.

|   |  |  |  |
|---|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Kenneth L. Mitchell</i>   |  | 2. DATE OF DEATH <i>Oct. 3, 1953</i>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>Ed. H.H. H.E.</i>  |  | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <i>Va.</i> |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i> |  | C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)<br><i>Roanoke</i>              |  |
| D. STREET ADDRESS (If rural, give location)<br><i>1206 Pennmar Ave</i>  |  | E. DATE OF BIRTH <i>7-9-53</i>   |  |
| F. AGE (In years last birthday) <i>2 1/2</i>  |  | G. UNDER 1 YEAR Monthly Days <i>2 1/2</i>  |  |
| H. UNDER 24 HOURS Hours <i>2 1/2</i>  |  | I. BIRTHPLACE (State or foreign country)<br><i>Roanoke, Virginia</i>   |  |
| J. CITIZEN OF WHAT COUNTRY?<br><i>U.S.A.</i>  |  | K. FATHER'S NAME<br><i>John Mitchell</i>   |  |
| L. MOTHER'S MAIDEN NAME<br><i>Shirley</i>   |  | M. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no or unknown) <i>No</i>                                 |  |
| N. SOCIAL SECURITY NO.<br><i>No</i>   |  | O. INFORMANT<br><i>JOHNS HOPKINS HOSPITAL</i>  |  |
| P. ADDRESS<br><i>JOHNS HOPKINS HOSPITAL</i>   |  | Q. LENGTH OF STAY IN BALTIMORE<br><i>1-week</i>  |  |
| R. SEX<br><i>Female</i>   |  | S. COLOR OR RACE<br><i>White</i>   |  |
| T. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Infant</i>  |  | U. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>none</i>     |  |
| V. KIND OF BUSINESS OR INDUSTRY<br><i>none</i>  |  | W. DATE OF DEATH<br><i>7-9-53</i>  |  |
| X. BIRTHPLACE (State or foreign country)<br><i>Roanoke, Virginia</i>  |  | Y. CITIZEN OF WHAT COUNTRY?<br><i>U.S.A.</i>   |  |
| Z. FATHER'S NAME<br><i>John Mitchell</i>  |  | AA. MOTHER'S MAIDEN NAME<br><i>Shirley</i>   |  |
| AB. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no or unknown) <i>No</i>   |  | AC. SOCIAL SECURITY NO.<br><i>No</i>   |  |
| AD. INFORMANT<br><i>JOHNS HOPKINS HOSPITAL</i>  |  | AE. ADDRESS<br><i>JOHNS HOPKINS HOSPITAL</i>   |  |

|  |  |                                  |
|--|--|----------------------------------|
| 18. <i>355X</i>  | CAUSE OF DEATH                           | INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | (A) <i>Cerebral Degenerative Disease</i> |                                  |
| ANTECEDENT CAUSES  | (B)                                      |                                  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  | (C)                                      |                                  |

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

|   |   |  |   |
|---|---|--|---|
| 19A. DATE OF OPERATION <i>2</i>   | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK | 21F. HOW DID INJURY OCCUR?   |   |

22. I hereby certify that I attended the deceased from *9-26-1953* to *10-3-1953* that I last saw the deceased alive on *10-3-1953* and that death occurred at *8:45 a.m.* from the causes and on the date stated above.

|                                    |   |                                    |
|------------------------------------|---|------------------------------------|
| 23A. SIGNATURE<br><i>Am Morgan</i> | 23B. ADDRESS<br><i>JOHNS HOPKINS HOSPITAL</i> | 23C. DATE SIGNED<br><i>10/3/53</i> |
|------------------------------------|---|------------------------------------|

|   |                                     |  |   |
|---|-------------------------------------|--|---|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Removal</i> | 24B. DATE<br><i>October 3, 1953</i> | 24C. NAME OF CEMETERY OR CREMATORY<br><i>John M Oakey, Inc</i> | 24D. LOCATION (City, town, or county) (State)<br><i>Roanoke, Virginia</i> |
|---|-------------------------------------|--|---|

|   |  |  |   |
|---|--|--|---|
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>Oct 4 - 1953</i> | REGISTRAR'S SIGNATURE<br><i>Huntington Williams, Jr.</i> | 25. FUNERAL DIRECTOR<br><i>Earl B. Wolverton Funeral Home, Inc</i> | ADDRESS<br><i>403 -E. 25th Street, Baltimore-18, Md</i> |
|---|--|--|---|

10/5/53 E.S.

Dr. Hardie called Dr. Morgan who verified  
diagnosis as correct. i.e. Schilder's disease, acute.

6-100  
53 8812BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHX 53 8812  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WALTER J EBY

2. DATE  
OF  
DEATH

10/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

QUEEN ANNE

B. FULL NAME OF (If not in hospital or institution, give street address or location)

UNIV. Hospital BALTO MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

CENTERVILLE

67-00

D. STREET ADDRESS (If rural, give location)

CENTERVILLE MD

c. Length of stay in Baltimore

6 Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE ☒ MARRIED  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

10/11/09

9. AGE (In years last birthday)

44

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

County Agent - State

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Roy Eby

14. MOTHER'S MAIDEN NAME

Anna Shield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Law S. Eby Centerville Md.

18.

451X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Directing Aneurysm of the Aorta 7 days.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/28, 1953 to 10/3, 1953 that I last saw the deceased alive on 10/3, 1953 and that death occurred at 12:58 AM from the causes and on the date stated above.

23A. SIGNATURE

Frank S. Kuehn

M. D.

23B. ADDRESS

Univ Hosp. Balto. Md

23C. DATE SIGNED

10/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

10/16/53

24C. NAME OF CEMETERY OR CREMATORY

Chesterfield

24D. LOCATION (City, town, or county) (State)

Centerville

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Edwin A. Lane

ADDRESS

Church Hill

Md.

State of New York  
County of ...

*[Faint, mostly illegible handwritten text, possibly a list or ledger entries.]*

Witness my hand and seal this 27th day of June 1907  
at New York City

6-512

53 8813

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8813  
Registered No.

BIRTH NO.

|  |                           |   |  |  |  |
|--|---------------------------|---|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <u>GUISEPH CAMPISI</u>  |                           |   | 2. DATE OF DEATH <u>10/3/53</u>  |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                           |   | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <u>MARYLAND</u><br>C. CITY OR TOWN <u>BALTIMORE</u><br>D. STREET ADDRESS (If rural, give location) <u>301 E. 33rd ST. (18)</u> |  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><u>MERCY HOSPITAL</u>      |                           |   | 5. AGE (In years last birthday) <u>78</u><br>If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.   |  |  |
| C. Length of stay in Baltimore <u>15</u> Yrs. Mos. Days  |                           |   | 6. DATE OF BIRTH <u>10/30/74</u>   |  |  |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>W</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | 9. AGE (In years last birthday) <u>78</u>  |  |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>         |                           |   | 11. BIRTHPLACE (State or foreign country) <u>ITALY</u>   |  |  |
| 10B. KIND OF BUSINESS OR INDUSTRY <u>B &amp; O. R. R.</u>  |                           |   | 12. CITIZEN OF WHAT COUNTRY? <u>?</u>  |  |  |
| 13. FATHER'S NAME <u>FRANCES CAMPISI</u>   |                           |   | 14. MOTHER'S MAIDEN NAME <u>THERESA ROCISANA</u>   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service) |                           |   | 16. SOCIAL SECURITY NO. <u>_____</u>   |  |  |
| 17. INFORMANT <u>BROTHER VINCENT</u>   |                           |   | ADDRESS <u>same</u>  |  |  |

|   |  |  |
|---|--|--|
| 18. <u>443X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><u>CEREBRAL HEMORRHAGE</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>31 DAYS</u> |
| DUE TO  |  |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><u>HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</u>   |  |  |
| DUE TO  |  |  |
| (C) _____   |  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |  |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 19A. DATE OF OPERATION <u>7</u>  |  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   |  | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              |  | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |  |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK |  | 21F. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>9/23</u> , 19 <u>53</u> to <u>10/3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10/3</u> , 19 <u>53</u> , and that death occurred at <u>2<sup>05</sup></u> A. m., from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23A. SIGNATURE <u>Harry L. Hecker</u> M. D.  |  |  |  | 23B. ADDRESS <u>Mercy Hospital</u>                                       |  | 23C. DATE SIGNED <u>10/3/53</u>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)  |  | 24B. DATE <u>Oct 6-1953</u>  |  | 24C. NAME OF CEMETERY OR CREMATORY <u>Most Holy Redeemer</u>             |  | 24D. LOCATION (City, town, or county) (State) <u>Belt 7th</u>                    |  |
| DATE RECEIVED BY LOCAL REGISTRAR <u>Huntington</u>   |  | REGISTER'S SIGNATURE <u>William</u>  |  | 25. FUNERAL DIRECTOR <u>Debra</u>  |  | ADDRESS <u>10533 34th Charles St.</u>  |  |

OCT 4 - 1953  
VS 150

MARGIN RESERVED FOR BINDING  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

THE JOURNAL OF THE  
SOCIETY OF THE HISTORY OF THE  
CITY OF NEW YORK  
PUBLISHED BY THE  
SOCIETY OF THE HISTORY OF THE  
CITY OF NEW YORK  
NEW YORK  
1911



M-265  
53 8814

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8814

Registered No. \_\_\_\_\_

RTH NO.

NAME OF DECEASED (Type or Print) **Mrs. Winifred E. Mc Grane** 2. DATE OF DEATH **October 2, 1953**

PLACE OF DEATH: **Baltimore City, Maryland** 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **MD.** B. COUNTY \_\_\_\_\_

FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) **St. Joseph's Hospital**  
1400 N. Caroline St. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **BALTIMORE** 27-10

D. STREET ADDRESS (If rural, give location) **504 Willow Ave.**  
Length of stay in Baltimore Yrs. Mos. Days

SEX **F** 6. COLOR OR RACE **W** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Aug. 27, 1886** 9. AGE (in years last birthday) **67** 10. Under 1 Year Months: Days **1 5** 11. Under 24 Hours Hours: Min. **1 5**

A. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) **Wife.** 10B. KIND OF BUSINESS OR INDUSTRY **at home** 11. BIRTHPLACE (State or foreign country) **Baltimore** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

FATHER'S NAME **Michael Kelly** 14. MOTHER'S MAIDEN NAME **Mary Ann Willis**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **no** 17. INFORMANT **Mr Joseph Mc Grane** ADDRESS **504 Willow Ave**

18. **570.1** CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Intestinal Obstruction**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Regional Ileitis**

DUE TO

(C) **Generalized Arterio sclerosis**

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **August 28, 1953**, to **October 2, 1953** that I last saw the deceased alive on **October 2, 1953** and that death occurred at **5:30 AM** from the causes and on the date stated above.

23A. SIGNATURE **Louis A. Fritz** 23B. ADDRESS **1400 N. Caroline St.** 23C. DATE SIGNED **Oct. 2, 1953**

A. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24B. DATE **Oct. 5, 1953** 24C. NAME OF CEMETERY OR CREMATORY **St Mary's Cemetery** 24D. LOCATION (City, town, or county) (State) **Baltimore Md.**

25. FUNERAL DIRECTOR **Huntington Williams** ADDRESS **6800 W. Franklin 924 E. Eagle St.**

4-1853  
VS 1853

33 6114  
CERTIFICATE OF DEATH

1. Name of deceased

2. Date of death

3. Place of death

4. Cause of death

5. Age at death

6. Sex

7. Race

8. Occupation

9. Marital status

10. Signature of physician

11. Signature of registrar

12. Date of registration

13. Signature of informant

14. Date of completion

15. Signature of witness

16. Date of filing

17. Signature of official

18. Date of issuance

19. Signature of family

20. Date of receipt

21. Signature of neighbor

22. Date of verification

23. Signature of community

24. Date of approval

25. Signature of state

26. Date of final review

27. Signature of federal

28. Date of final certification

C-142  
53 8815

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8815

RTH NO.

NAME OF DECEASED  
(Type or Print)

Leon J. Cybulski-CEBULSKI

2. DATE  
OF  
DEATH

Oct. 1, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore Gen. Hosp.

Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 1, 1909

9. AGE (in years  
last birthday)

44

10. Under 1 Year  
Months: Days

11. Under 24 Hours  
Hours: Min.

1. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

oiler

10b. KIND OF BUSINESS OR  
INDUSTRY

CROWN CORK + SEAL CO.

11. BIRTHPLACE (State or foreign country)

Maryland, BALTO.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

FATHER'S NAME

Michael Cybulski

14. MOTHER'S MAIDEN NAME

Mary Anna ROZELSKA

13. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

NO

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT  
MILDRED CYBULSKI

ADDRESS  
SAME.

18. 331X1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Intraventricular hemorrhage,  
brain.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

Sept. 27, 1953

19b. MAJOR FINDINGS OF OPERATION

Intraventricular hemorrhage, frontal region, brain.

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19\_\_\_\_, to 19\_\_\_\_, that I last saw the  
deceased alive on 19\_\_\_\_, and that death occurred at 7:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE

Joseph Benio Jurek M.O.

23b. ADDRESS

SOUTH BALTIMORE GENERAL

23c. DATE SIGNED

10-1-53.

BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

BURIAL

10-5-53

24c. NAME OF CEMETERY OR CREMATORY

OAK LAWN CEM.

24d. LOCATION (City, town, or county)

7225 EASTERN AVE. BA.CO.MD

TE RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

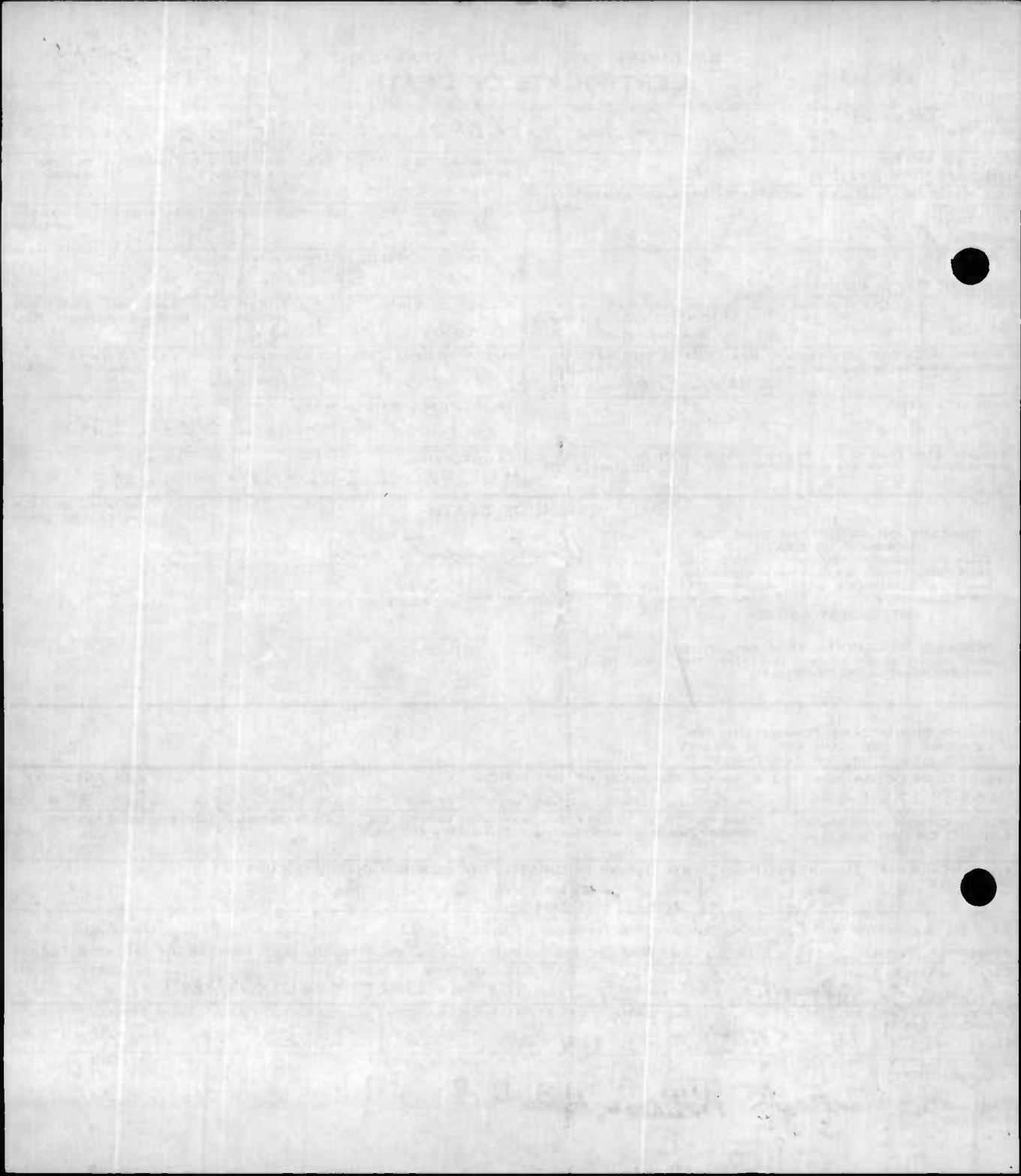
Thurston Williams, M.D.

25. FUNERAL DIRECTOR

901 S. CONKLING ST.  
BALTO., 24, MD.

VS 15053

662 3 Z



H-432

53 8816

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8816

Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Sr. M. Henrita Holtzer

2. DATE

OF

DEATH October 3, 1953

PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

FULL NAME OF (If not in hospital or institution, give street address or location)  
OSPITAL OR  
INSTITUTION

Motherhouse of Notre Dame

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give Township)

Baltimore

D. STREET ADDRESS (If rural, give location)

901 Aisquith

Length of stay in Baltimore 5 Mos.

Yrs.  
Mos.  
Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)8. A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Teacher

Religious

B. FATHER'S NAME

Henry Holtzer

9. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

NO

NO

NONE

Theresa Stockmann

17. INFORMANT

ADDRESS

Sr. M. Stan. Kostka 901 Aisquith Street

18. 170X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Generalized Carcinomatosis

6 mo.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Carcinoma of right heart

3 yrs

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

10/2/51

Adenocarcinoma of right heart to metastasize

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORKNOT WHILE  
AT WORK22. I hereby certify that I attended the deceased from April 8, 1953, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased live on October 1, 1953, and that death occurred at 12:5 AM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

10-5-53

VILLA MARIA CEM.

NOTCH CLIFF NR TOWSON

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR:

ADDRESS

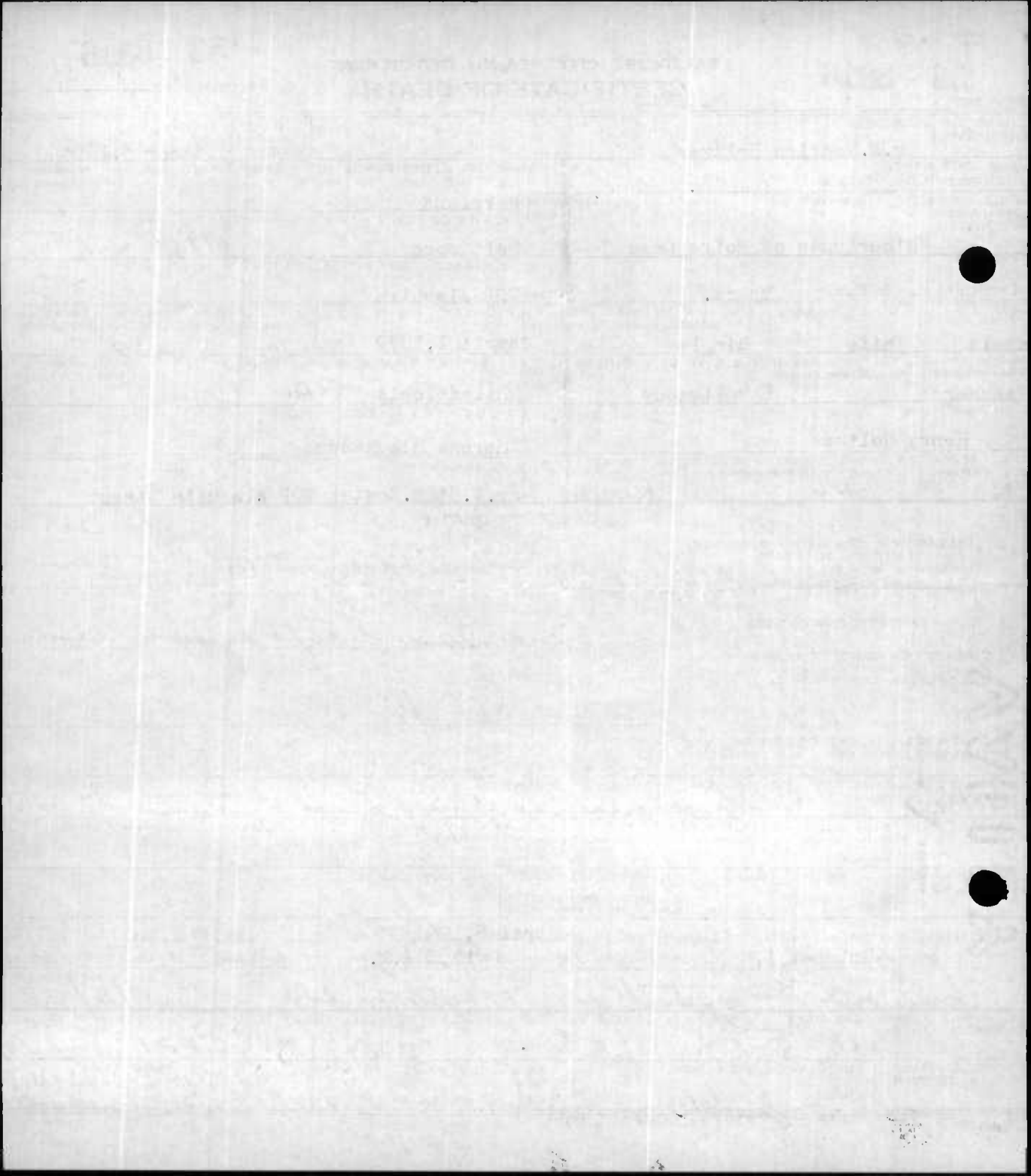
OCT 4 - 1953

Huntington Williams

Charles S. Zeller

901 S. CONKLING  
BAL TO 24 MD

07A AV





7-365  
33 8817

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8817  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Litrenta, Filomana

2. DATE  
OF  
DEATH

October 1, 1953

PLACE OF DEATH:  
Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 26-36

D. STREET ADDRESS (If rural, give location)  
6706 Holabird Avenue

Length of stay in Baltimore  
35 yr.

Yrs.  
Mos.  
Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

12. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  
Hwfe.

13. KIND OF BUSINESS OR INDUSTRY  
Own home

11. BIRTHPLACE (State or foreign country)  
Italy

12. CITIZEN OF WHAT COUNTRY?

FATHER'S NAME

14. MOTHER'S MAIDEN NAME

INCENT PORTO

THERESA ALTIMARI

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  
NO

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
FRANK LITRENTA 6706 HOLABIRD

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
DUE TO

(A) Cerebral thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
DUE TO

(B) Generalized arteriosclerosis

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

22. I hereby certify that I attended the deceased from September 26 1953, to October 1, 1953, that I last saw the deceased alive on Oct. 1 19 53, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

TE RECEIVED BY CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1953

Huntington Williams

MULLRICH FUNERAL HOME 2112 DUNDALK

1953

STATE OF NEW YORK  
CERTIFICATE OF DEATH

|                                 |  |                             |  |                                   |  |
|---------------------------------|--|-----------------------------|--|-----------------------------------|--|
| 1. Name of Deceased             |  | 2. Sex                      |  | 3. Age                            |  |
| 4. Date of Death                |  | 5. Time of Death            |  | 6. Place of Death                 |  |
| 7. Cause of Death               |  | 8. Manner of Death          |  | 9. Signature of Physician         |  |
| 10. Signature of Registrar      |  | 11. Signature of Coroner    |  | 12. Signature of Medical Examiner |  |
| 13. Signature of Burial Officer |  | 14. Signature of Undertaker |  | 15. Signature of Funeral Home     |  |
| 16. Signature of Cemetery       |  | 17. Signature of Burial     |  | 18. Signature of Interment        |  |
| 19. Signature of Burial         |  | 20. Signature of Interment  |  | 21. Signature of Burial           |  |
| 22. Signature of Interment      |  | 23. Signature of Burial     |  | 24. Signature of Interment        |  |
| 25. Signature of Burial         |  | 26. Signature of Interment  |  | 27. Signature of Burial           |  |
| 28. Signature of Interment      |  | 29. Signature of Burial     |  | 30. Signature of Interment        |  |
| 31. Signature of Burial         |  | 32. Signature of Interment  |  | 33. Signature of Burial           |  |
| 34. Signature of Interment      |  | 35. Signature of Burial     |  | 36. Signature of Interment        |  |
| 37. Signature of Burial         |  | 38. Signature of Interment  |  | 39. Signature of Burial           |  |
| 40. Signature of Interment      |  | 41. Signature of Burial     |  | 42. Signature of Interment        |  |
| 43. Signature of Burial         |  | 44. Signature of Interment  |  | 45. Signature of Burial           |  |
| 46. Signature of Interment      |  | 47. Signature of Burial     |  | 48. Signature of Interment        |  |
| 49. Signature of Burial         |  | 50. Signature of Interment  |  | 51. Signature of Burial           |  |
| 52. Signature of Interment      |  | 53. Signature of Burial     |  | 54. Signature of Interment        |  |
| 55. Signature of Burial         |  | 56. Signature of Interment  |  | 57. Signature of Burial           |  |
| 58. Signature of Interment      |  | 59. Signature of Burial     |  | 60. Signature of Interment        |  |
| 61. Signature of Burial         |  | 62. Signature of Interment  |  | 63. Signature of Burial           |  |
| 64. Signature of Interment      |  | 65. Signature of Burial     |  | 66. Signature of Interment        |  |
| 67. Signature of Burial         |  | 68. Signature of Interment  |  | 69. Signature of Burial           |  |
| 70. Signature of Interment      |  | 71. Signature of Burial     |  | 72. Signature of Interment        |  |
| 73. Signature of Burial         |  | 74. Signature of Interment  |  | 75. Signature of Burial           |  |
| 76. Signature of Interment      |  | 77. Signature of Burial     |  | 78. Signature of Interment        |  |
| 79. Signature of Burial         |  | 80. Signature of Interment  |  | 81. Signature of Burial           |  |
| 82. Signature of Interment      |  | 83. Signature of Burial     |  | 84. Signature of Interment        |  |
| 85. Signature of Burial         |  | 86. Signature of Interment  |  | 87. Signature of Burial           |  |
| 88. Signature of Interment      |  | 89. Signature of Burial     |  | 90. Signature of Interment        |  |
| 91. Signature of Burial         |  | 92. Signature of Interment  |  | 93. Signature of Burial           |  |
| 94. Signature of Interment      |  | 95. Signature of Burial     |  | 96. Signature of Interment        |  |
| 97. Signature of Burial         |  | 98. Signature of Interment  |  | 99. Signature of Burial           |  |
| 100. Signature of Interment     |  | 101. Signature of Burial    |  | 102. Signature of Interment       |  |

53 8818

53 8818

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Anita Goodman

2. DATE  
OF  
DEATH

10/2/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md. Dundalk BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

112 BAYSIDE DRIVE

C. Length of stay in Baltimore

43

Yrs.

Mos.

Days

53-53

112 Bay Side Drive

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Oct. 20/1919

9. AGE (In years  
last birthday)

33

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Charles Hand

14. MOTHER'S MAIDEN NAME

CARRIE A. DUVALL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

LOUIS A GOODMAN 112 BAYSIDE DRIVE

18.

581.01

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cirrhosis of Liver

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

Cardiac Failure

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

acute

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/27, 1953, to 10/2, 1953, that I last saw the  
deceased alive on 10/2, 1953, and that death occurred at 3:45 A. M., from the causes and on the date stated above.

23. SIGNATURE

Abraham Louis Jones, M.D.

23B. ADDRESS

1213 Light St.

23C. DATE SIGNED

10/2/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

OCT 5, 1953

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN

24D. LOCATION (City, town, or county)

COLGATE MD

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

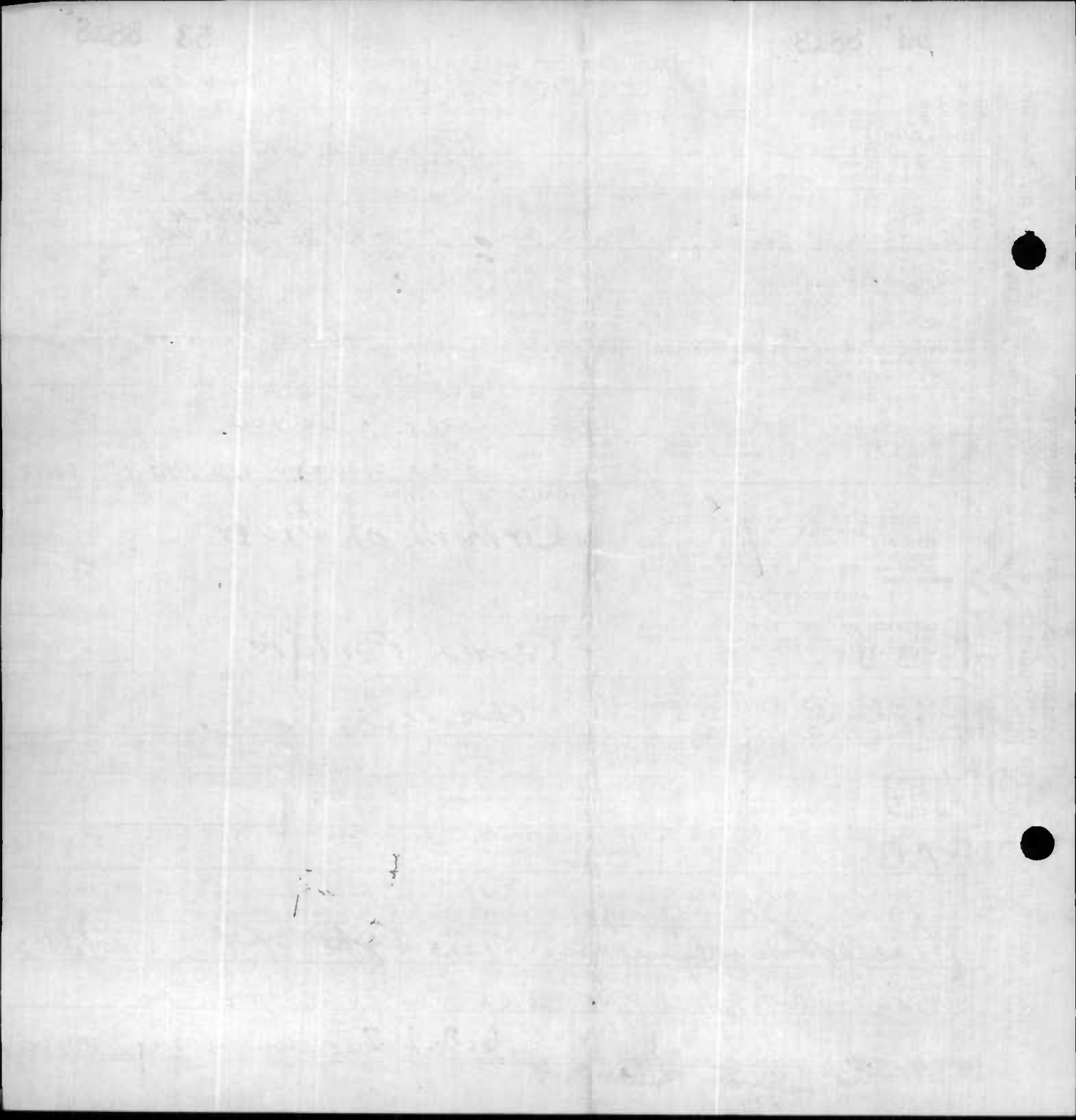
OLBRIEN FUNERAL HOME 2112 DUNDALK

OCT 4 - 1953

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150



M-425  
53 8819BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8819  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

WALTER J. MALKINSKI

2. DATE  
OF  
DEATH

Sept. 30, 1953

PLACE OF DEATH:

Baltimore City, Maryland

A. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

FULL NAME OF  
HOSPITAL OR  
INSTITUTIONSouth Balto. Gen. Hospital  
Baltimore General Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

1429 Key notes

Length of stay in Baltimore

SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 25, 1899

9. AGE (In years  
last birthday)

69

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?

FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Teresa Zak

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

no or unknown

16. SOCIAL  
SECURITY NO.

215-04-3228

17. INFORMANT

ADDRESS

Mr. Collins Reynolds St

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of left lung

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial damage

19A. DATE OF OPERATION

Sept. 30, 1953

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from July 28, 1953, to Sept 30, 1953, that I last saw the  
deceased alive on Sept 30, 1953, and that death occurred at 6:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Donald Ben Jurek M.D.

23B. ADDRESS

1205 Key notes

23C. DATE SIGNED

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct. 5, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem. Brooklyn Md

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

1953000

25. FUNERAL DIRECTOR

Chas L. Dell 15018 E. Fort  
ave.

VS 150

97099

Page 10

Page 10





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAIN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-652  
53 8820

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8820  
Registered No.

BIRTH NO.

|  |  |   |  |
|--|--|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>KATIE F. BRUNSON</b>   |  | 2. DATE OF DEATH<br><b>10-2-53</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MARYLAND</b><br>C. CITY OR TOWN <b>BALTIMORE</b><br>D. STREET ADDRESS (If rural, give location) <b>701 N. CARROLLTON AV.</b> |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNIVERSITY HOSP.</b>  |  | E. AGE (In years last birthday) <b>51</b><br>F. Under 1 Year Months Days<br>G. Under 24 Hours Hours Min.  |  |
| C. Length of stay in Baltimore <b>25 YRS</b>   |  | 5. SEX <b>F</b><br>6. COLOR OR RACE <b>NEGRO</b><br>7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   |  |
| 8. DATE OF BIRTH <b>APRIL 1902</b>   |  | 9. BIRTHPLACE (State or foreign country) <b>SUMMERTON, S.C.</b>   |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b> |  | 10B. KIND OF BUSINESS OR INDUSTRY <b>DOMESTIC</b>   |  |
| 11. BIRTHPLACE (State or foreign country) <b>SUMMERTON, S.C.</b>   |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  |
| 13. FATHER'S NAME <b>THOMAS BRUNSON</b>  |  | 14. MOTHER'S MAIDEN NAME <b>JULIA GIBSON</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>                                  |  | 16. SOCIAL SECURITY NO. <b>NO</b>   |  |
| 17. INFORMANT <b>JULIA DINGLE (W)</b>  |  | ADDRESS <b>507 W. HOFFMAN ST.</b>   |  |

|  |  |                                  |
|--|--|----------------------------------|
| 13. <b>443X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Hypertensive Arteriosclerotic Cardiovascular disease</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
| DUE TO (A) <b>Cardiovascular disease</b>   |  |                                  |
| DUE TO (B) <b>(D.O.A. to University Hosp. Accident Room)</b>   |  |                                  |
| DUE TO (C)   |  |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |                                  |

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 19A. DATE OF OPERATION <b>10/6/53</b>   |  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   |  | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |  |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |  |  |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE **John W. Loper, Jr. M.D.** 23B. ADDRESS **University Hospital** 23C. DATE SIGNED **10-3-53**

|   |  |                          |  |   |  |  |  |
|---|--|--------------------------|--|---|--|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> |  | 24B. DATE <b>10/6/53</b> |  | 24C. NAME OF CEMETERY OR CREMATORY <b>LIBERTY HILL CEM.</b> |  | 24D. LOCATION (City, town, or county) (State) <b>SUMMERTON, S.C.</b> |  |
|---|--|--------------------------|--|---|--|--|--|

DATE RECEIVED BY LOCAL REGISTRAR **OCT 4 - 1953** REGISTRAR'S SIGNATURE **Huntington Williams, Jr.** 25. FUNERAL DIRECTOR **Charles Harper** ADDRESS

**720 FA 512 Carrollton Av.**



53 8821

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8821  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Cora A. Stem

2. DATE  
OF  
DEATH

October 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.  
B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE University Hospital  
38 Baltimore - 1, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTY BaltimoreC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
WestminsterD. STREET ADDRESS (If rural, give location)  
Rt. # 7 5600

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11/24/86

9. AGE (In years  
last birthday)

66

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Farmer

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel Carr

14. MOTHER'S MAIDEN NAME

Catherine Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Self Guy Stone Plant Md.

18. 199.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Abdominal carcinomatosis  
with metastasis

## ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9/3/53

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

Carcinoma - intestinal obstruction

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/31, 1953 to 10/4, 1953, that I last saw the  
deceased alive on 10/4, 1953, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. H. Byerly

M. D.

23B. ADDRESS

University Hosp., Balto-1, Md.

23C. DATE SIGNED

10/4/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

D.

24B. DATE

10/7/53

24C. NAME OF CEMETERY OR CREMATORY

Huntington Williams, Md.

24D. LOCATION (City, town, or county)

Carroll County

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Md.

25. FUNERAL DIRECTOR

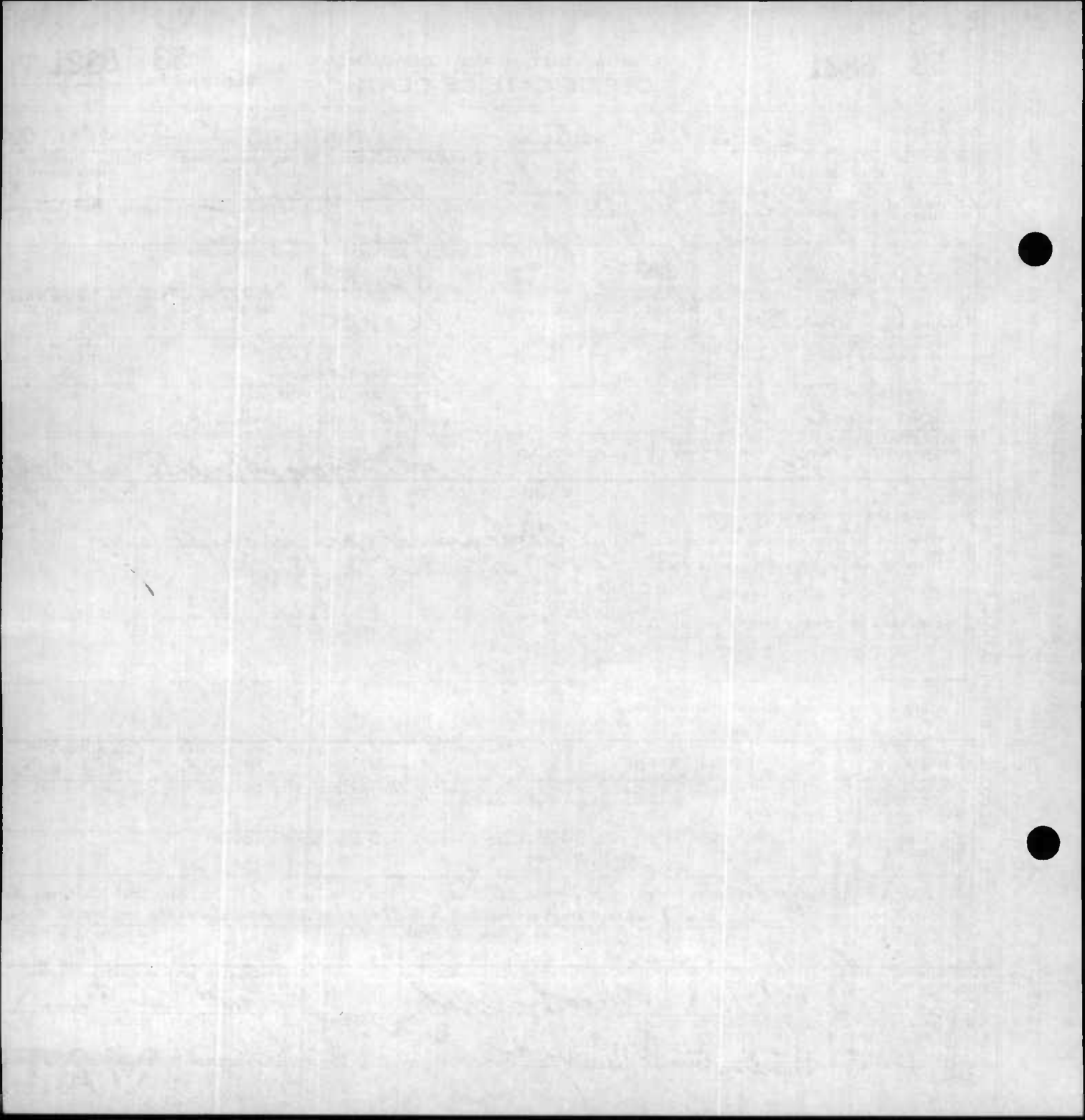
Barber &amp; Son

ADDRESS

Westminster Md.

OCT 4 - 1953  
VS 150

10010



G-650  
53 8822BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

53 8822

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Raymond Gorham

2. DATE  
OF  
DEATH

Oct-4-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Mtg. 3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Virginia

V-43

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Arlington

D. STREET ADDRESS (If rural, give location)

3236 1st Place North

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

8-8-94

9. AGE (In years last birthday)

59

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

Heating - Supt.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Albert Gorham

14. MOTHER'S MAIDEN NAME

Rhoda Owens

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic heart disease 4 mos.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1953, to Oct. 4, 1953, that I last saw the deceased alive on Oct. 4, 1953, and that death occurred at 9:50 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph D. B. King

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Oct 4 - 1953

24A. BURIAL - CREMATION - REMOVAL (Specify)

24B. DATE

Oct. 4, 1953

24C. NAME OF CEMETERY OR CREMATORY

COLUMBIA GARDENS

24D. LOCATION (City, town, or county)

ARLINGTON, VA.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. F. Tickner &amp; Sons







A-162

AFFAYROUX

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8823  
Registered No.

53 8823

BIRTH NO.

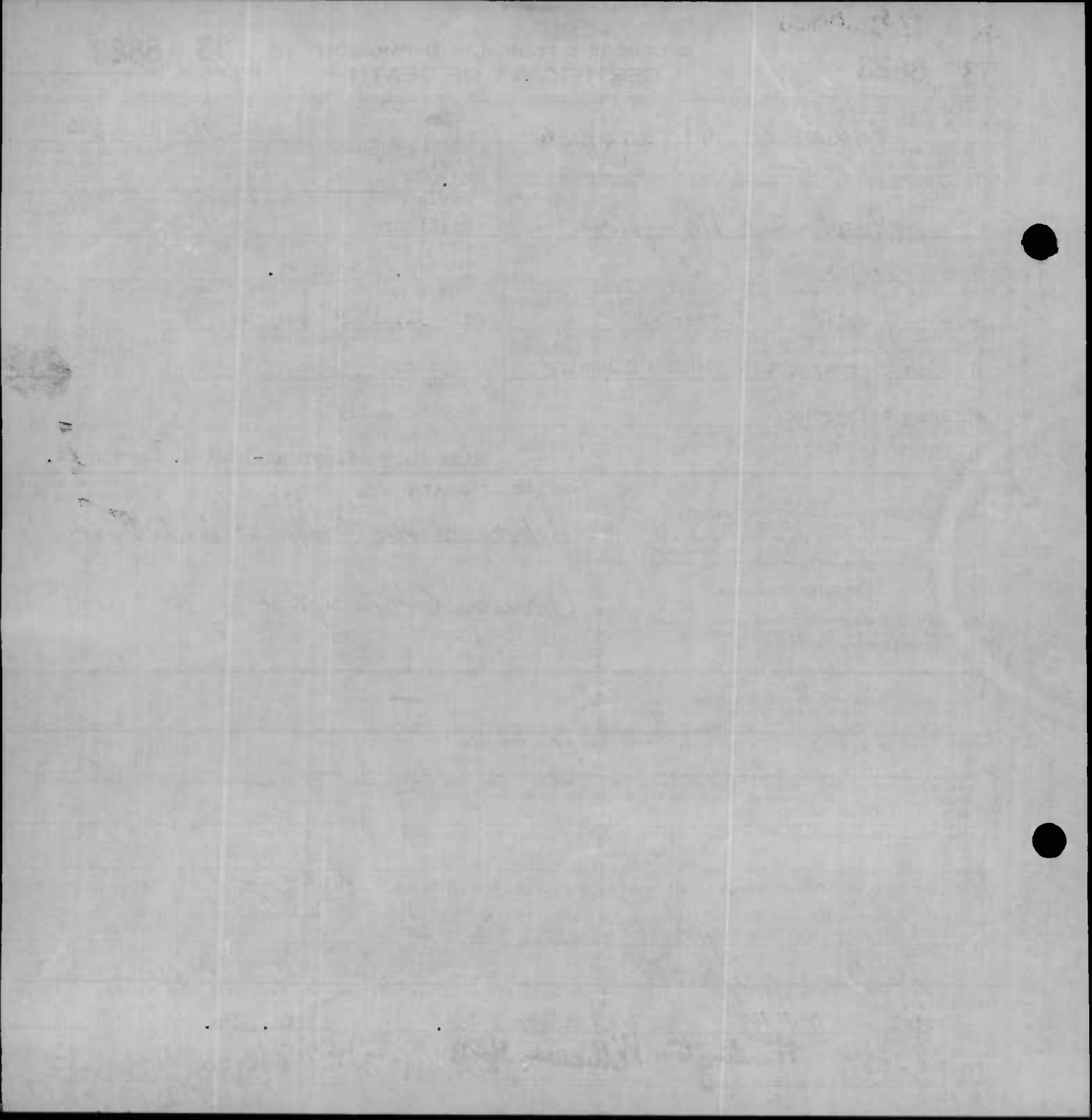
|  |                                  |   |   |  |  |
|--|----------------------------------|---|---|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Charles William A. Affayroux</i>   |                                  |   | 2. DATE OF DEATH <i>10-2-53</i>   |  |  |
| 3. PLACE OF DEATH<br>A. Baltimore City, Maryland   |                                  |   | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <i>Md.</i><br>B. COUNTY |  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><i>University Hospital</i>         |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i>                          |  |  |
| c. Length of stay in Baltimore<br>Yrs.<br>Mos.<br>Days   |                                  |   | D. STREET ADDRESS (If rural, give location)<br><i>1003 N. Payson St.</i>  |  |  |
| 5. SEX<br><i>male</i>  | 6. COLOR OR RACE<br><i>white</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Married</i> | 8. DATE OF BIRTH<br><i>July 31, 1889</i>  |  | 9. AGE (In years last birthday)<br><i>64</i> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Window Cleaner (rtd)</i> |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>Window Cleaning</i>       | 11. BIRTHPLACE (State or foreign country)<br><i>Maryland</i>  |  | 12. CITIZEN OF WHAT COUNTRY?                 |
| 13. FATHER'S NAME<br><i>William Affayroux</i>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><i>May Connelly</i>   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><i>no</i>      |                                  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT ADDRESS<br><i>Miss Mary Affayroux-1003 N. Payson St.</i>  |  |  |

|   |  |                |                                  |
|---|--|----------------|----------------------------------|
| 18. <i>420.1</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Arteriosclerotic Cardiovascular Disease</i> |  | CAUSE OF DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><i>Coronary Occlusion</i>   |  |                |                                  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |                |                                  |

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| 19A. DATE OF OPERATION  |   | 19B. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                                       | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |   |   |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |   |   |  |
| 22. I certify that I took charge of the remains described above, held an <i>Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . |   |  |   |   |  |
| 23A. SIGNATURE<br><i>William A. Affayroux</i>   |   | 23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR |   | 23C. DATE SIGNED<br><i>10-3-53</i>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  | 24B. DATE<br><i>10/6/53</i>   | 24C. NAME OF CEMETERY OR CREMATORY<br><i>New Cathedral Cem.</i>  | 24D. LOCATION (City, town, or county) (State)<br><i>Balto., Md.</i> |   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>OCT 5 - 1953</i>   | REGISTRAR'S SIGNATURE<br><i>Huntington Williams</i>   |  | FUNERAL DIRECTOR'S SIGNATURE<br><i>J. J. Ticker &amp; Sons</i>      |   |  |
| V S 151   |   | 25382  |   | Balto 17, Md  |  |

1938 87

1938 87



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

53 8824  
Registered No.

53 8824

BIRTH NO.

|   |                                    |  |  |   |   |
|---|------------------------------------|--|--|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>GEORGE HARDY</b>  |                                    |  | 2. DATE OF DEATH <b>October 1, 1953</b>  |   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>Maryland</b>   |                                    |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |   |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Lutheran Hospital</b>   |                                    |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                               |   |   |
| c. Length of stay in Baltimore <b>6Yrs.</b>   |                                    |  | D. STREET ADDRESS (If rural, give location)<br><b>2802 Belmont Avenue</b>  |   |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>Colored</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)    | 8. DATE OF BIRTH<br><b>Oct. 11, 1946</b>   | 9. AGE (In years last birthday)<br><b>6</b> | If Under 1 Year Months Days<br>If Under 24 Hours Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Student</b> |                                    | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>School</b> | 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore Md.</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>               |
| 13. FATHER'S NAME<br><b>George Hardy -Sr.</b>   |                                    |  | 14. MOTHER'S MAIDEN NAME<br><b>Gloria Blackwell</b>  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)   |                                    | 16. SOCIAL SECURITY NO.                            | 17. INFORMANT ADDRESS<br><b>George Hardy Sr. 2802 Belmont Ave.</b>   |   |   |

|  |   |                                  |
|--|---|----------------------------------|
| 18. <b>E 954.7</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Acute tracheobronchitis</b> | CAUSE OF DEATH  | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Syncope due to anesthesia for tonsillectomy and adenoidectomy</b>   | (A) <b>Acute tracheobronchitis</b><br>(B) <b>Syncope due to anesthesia for tonsillectomy and adenoidectomy</b><br>(C) |                                  |

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

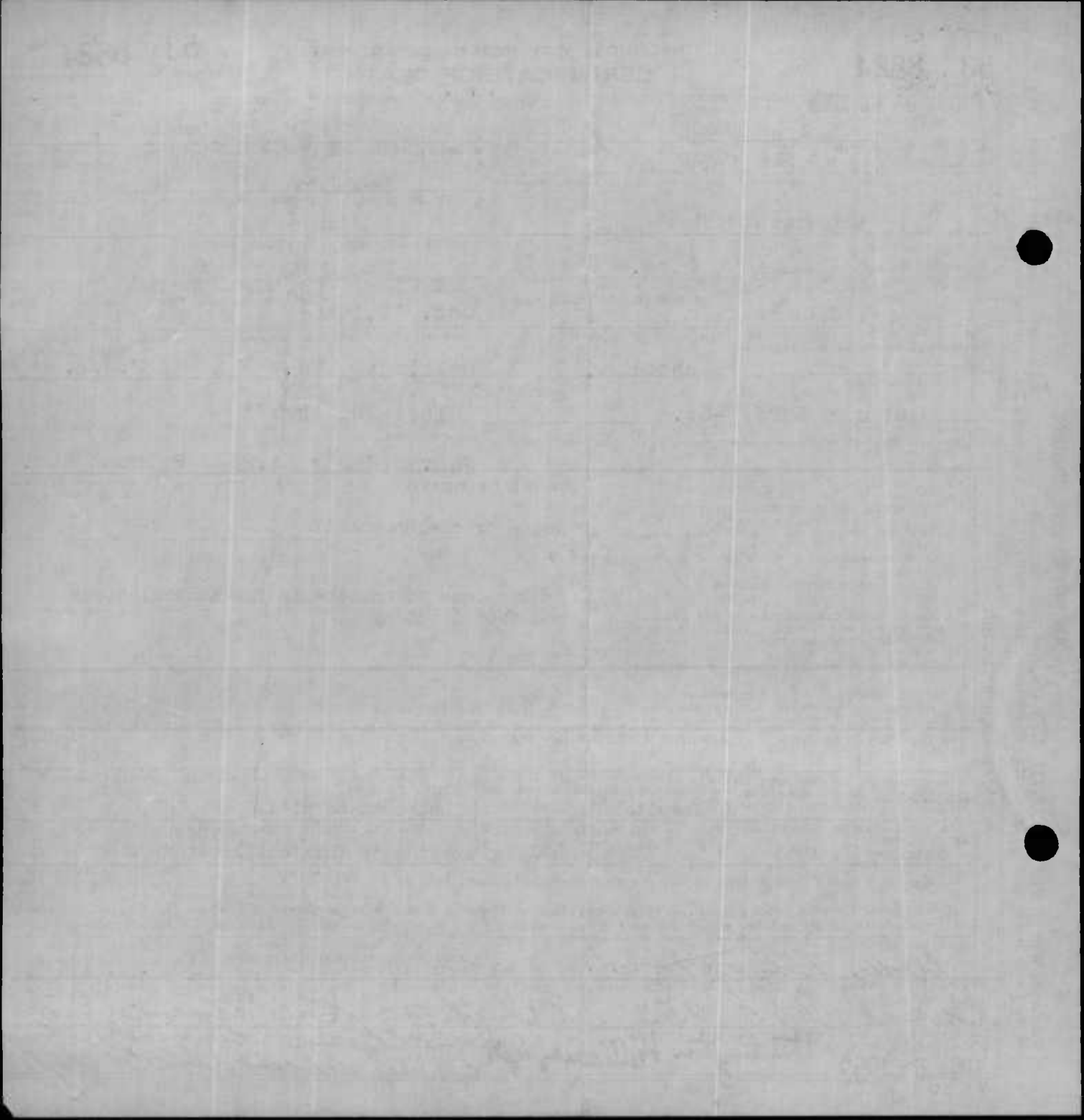
|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19A. DATE OF OPERATION  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                       |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Hospital</b>       |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)<br><b>Lutheran Hospital 16/6</b> |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY<br><b>October 1, 1953</b>   |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR? <b>Syncope due to anesthesia for tonsillectomy and adenoidectomy</b>           |  |
| 22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . |  |   |  |   |  |
| 23A. SIGNATURE<br><i>William Upchurch</i>   |  | 23B. CHIEF MEDICAL EXAMINER.....<br>ASSISTANT MEDICAL EXAMINER.....<br>M.D. MEDICAL INVESTIGATOR.....             |  | 23C. DATE SIGNED<br><b>Oct. 2, 1953</b>   |  |

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24B. DATE<br><b>Oct. 5, 1953</b> | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Arbutus</b>      | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore Co. Md.</b> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 5 - 1953</b>    |                                  | REGISTRAR'S SIGNATURE<br><i>Huntington Williams, M.D.</i> |   |
| VS 151 js  |                                  | N-999.2   |   |

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



53 8825

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8825

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary Gough

2. DATE

DECEASED

Oct. 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

STATE

COUNTY

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

1023 N. Carey St.

C. CITY OR TOWN

Baltimore 16-01

D. STREET ADDRESS (If rural, give location)

1023 N. Carey St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED, (Specify)

Widow

8. DATE OF BIRTH

Sept. 14, 1884 69

9. AGE (in years, if Under 1 Year, last birthday) Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Coleman

14. MOTHER'S MAIDEN NAME

Margaret Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

No

1023 N. Carey St.

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage.

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

9/16/53-10/2/53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C) Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/16, 1953 to 10/2, 1953 that I last saw the deceased alive on 10/1, 1953, and that death occurred at 10 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Henry E. DeLoone, M.D.

23B. ADDRESS

1106 Harlem Ave.

23C. DATE SIGNED

10/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 6, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

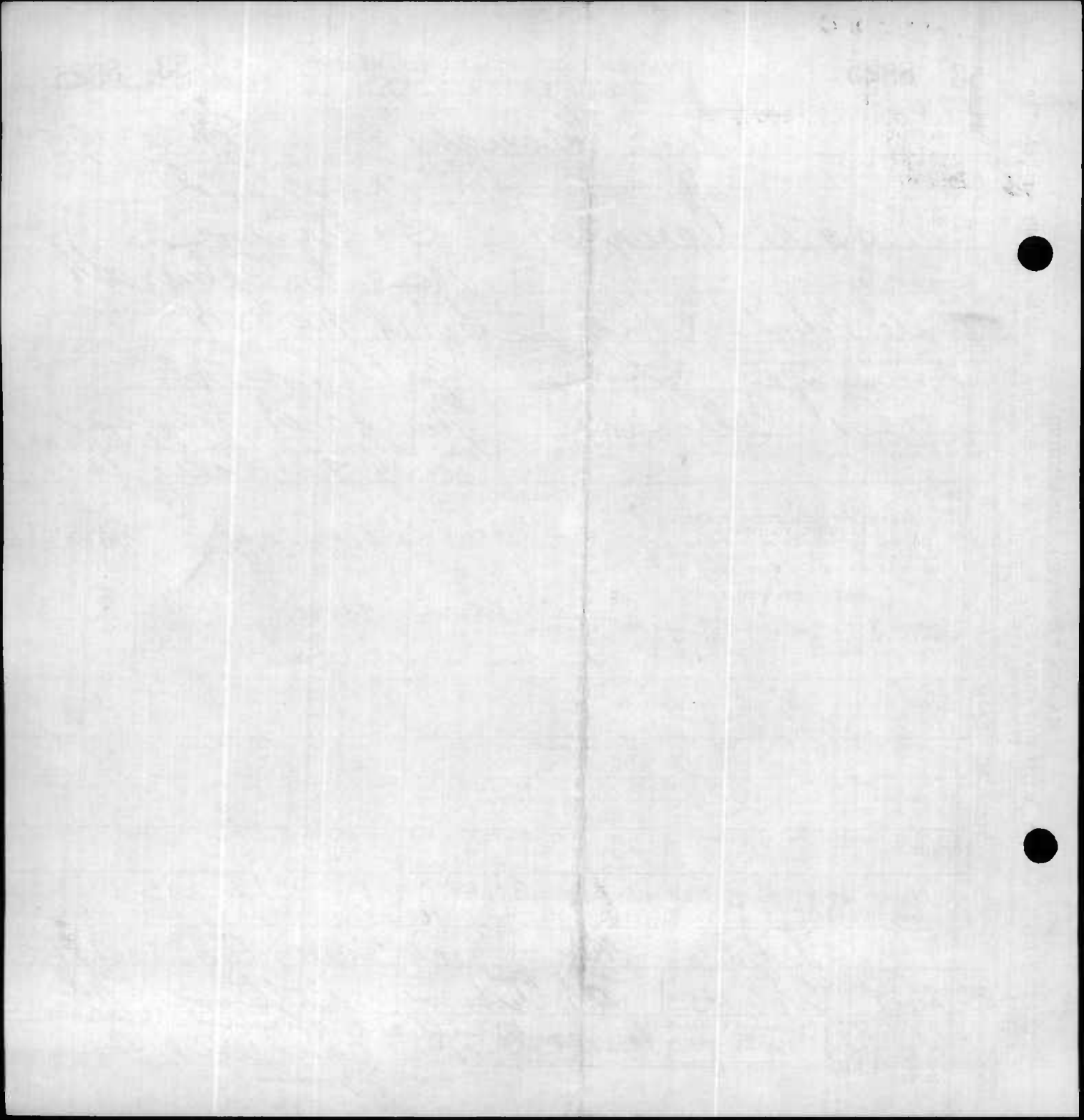
OCT 5 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams

FURNERAL DIRECTOR

1631 David Hill Ave.





53 8826

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8826

|  |                                  |   |   |  |   |
|--|----------------------------------|---|---|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Fletcher G Parlett</b>   |                                  |   | 2. DATE OF DEATH<br><b>OCT 3 - 1953</b>   |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>Oster - 5</b>   |                                  |   | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <b>Md</b> |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>JOHNS HOPKINS HOSPITAL</b>  |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>BALTO. 16 15-06</b>      |  |   |
| c. Length of stay in Baltimore<br>Yrs. Mos. Days   |                                  |   | D. STREET ADDRESS (If rural, give location)<br><b>3304 WALBROOK AVE</b>                                     |  |   |
| 5. SEX<br><b>male</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>   | 8. DATE OF BIRTH<br><b>8-26-77</b>  |  | 9. AGE (In years last birthday) <b>76</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Owner</b>  |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Insurance Agcy.</b>   |   | 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b>             |   |
| 12. CITIZEN OF WHAT COUNTRY?   |                                  |   | 13. FATHER'S NAME<br><b>Alexander Parlett</b>   |  |   |
| 14. MOTHER'S MAIDEN NAME<br><b>Lucy</b>  |                                  |   | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)    |  |   |
| 16. SOCIAL SECURITY NO.  |                                  |   | 17. INFORMANT<br><b>JOHNS HOPKINS HOSPITAL</b>  |  |   |
| 18. <b>199.9</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Carcinoma (Origin unknown)</b> |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>?</b>  |  |   |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B) DUE TO<br>(C)  |                                  |   |   |  |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                                  |   |   |  |   |
| 19A. DATE OF OPERATION<br><b>10-3-53</b>   |                                  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |   | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   |   |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                  |   |   |  |   |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |   | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |                                  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <b>9-1-1953</b> to <b>10-3-1953</b> that I last saw the deceased alive on <b>10-3-1953</b> , and that death occurred at <b>246 A.M.</b> , from the causes and on the date stated above.           |                                  |   |   |  |   |
| 23A. SIGNATURE<br><b>Lawrence L. Reed</b>  |                                  | 23B. ADDRESS<br><b>JOHNS HOPKINS HOSPITAL</b>   |   | 23C. DATE SIGNED<br><b>10/3/53</b>                                       |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 24B. DATE<br><b>10/5/53</b>   |   | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Prospect Hill Cem.</b>          |   |
| 24D. LOCATION (City, town, or county) (State)<br><b>Towson, Md.</b>  |                                  | 25. FUNERAL DIRECTOR<br><b>Wm. J. Lickner &amp; Sons</b>  |   |  |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 5 - 1953</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>Huntington Williams</b>   |   |  |   |
| VS 150   |                                  |   |   |  |   |

1957 12

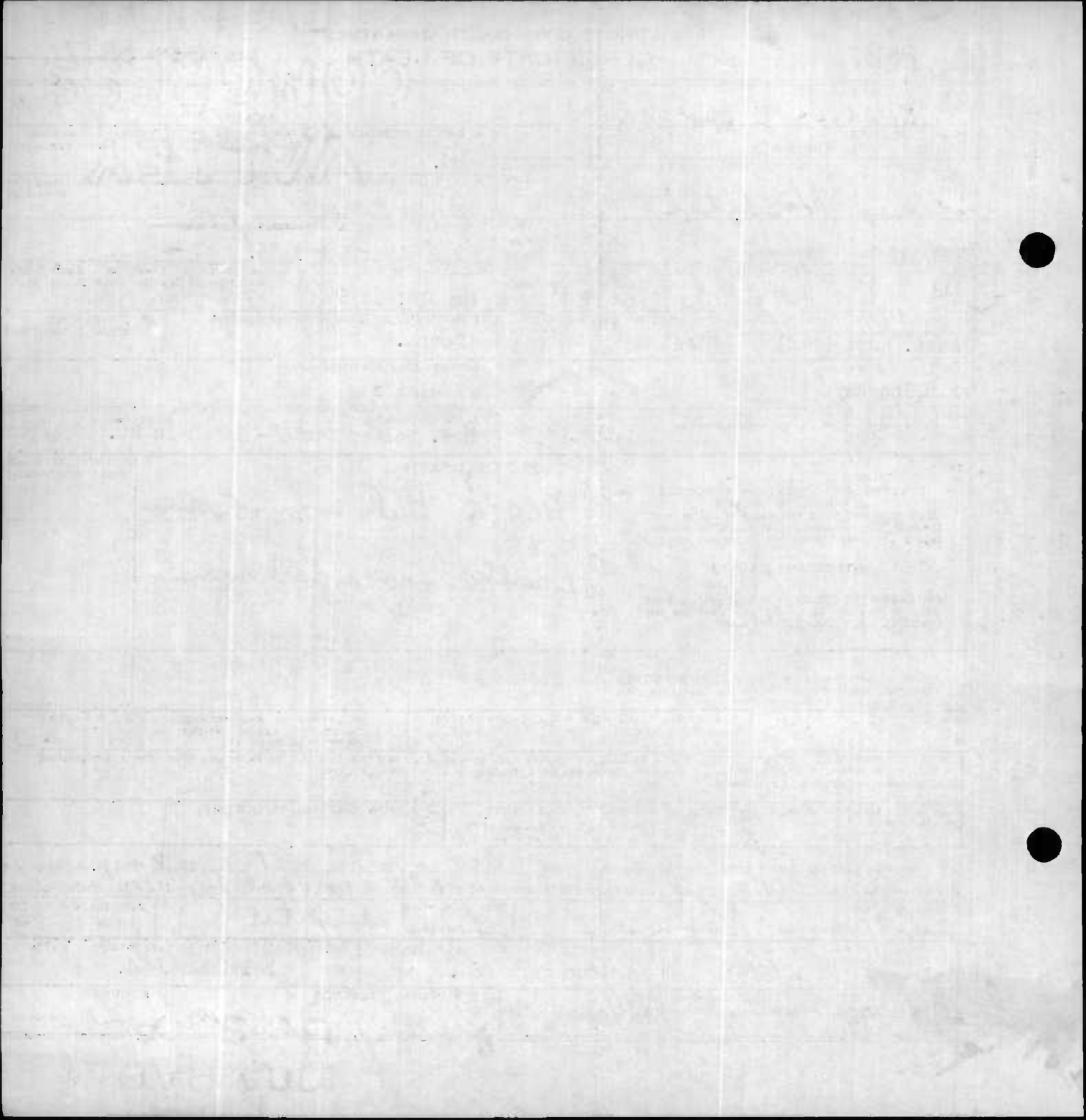
Christmas Eve  
(1957)

10/2/57

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8827

|  |                        |   |   |  |   |
|--|------------------------|---|---|--|---|
| BIRTH NO. 53 8827  |                        |   | 2. DATE OF DEATH Oct 2/53   |  |   |
| 1. NAME OF DECEASED (Type or Print) CHARLES I. SHOCKEY   |                        |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                        |   | A. STATE Md.  |  |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital   |                        |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Middle River |  |   |
| C. Length of stay in Baltimore 42 Yrs. Mos. Days   |                        |   | D. STREET ADDRESS (If rural, give location) 219 Riverthorne Rd.                           |  |   |
| 5. SEX M   | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER   | 8. DATE OF BIRTH May 16, 1876   | 9. AGE (In years last birthday) 77   | 10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Supt (rtd)   |                        |   | 10B. KIND OF BUSINESS OR INDUSTRY Steel Mill  |  | 12. CITIZEN OF WHAT COUNTRY?                                  |
| 13. FATHER'S NAME David Shockey  |                        |   | 14. MOTHER'S MAIDEN NAME Adelaide   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no   |                        |   | 16. SOCIAL SECURITY NO. 213-07-4610   |  |   |
| 17. INFORMANT Mrs. Walter Carle - 380 Main St., Chatham  |                        |   | ADDRESS   |  |   |
| 18. 420.1 CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>(A) ACUTE Pulmonary Edema DUE TO<br>(B) possible myocardial infarction<br>(C)<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                        |   |   |  | INTERVAL BETWEEN ONSET AND DEATH                              |
| 19A. DATE OF OPERATION   |                        | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |   | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II                                 |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>  |                        | 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   |   | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              |   |
| 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?   |                        | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |   | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> |   |
| 21F. HOW DID INJURY OCCUR?   |                        | 22. I hereby certify that I attended the deceased from Oct 2 1953, to Oct 2, 1953, that I last saw the deceased alive on Oct 2, 1953, and that death occurred at 8 PM m., from the causes and on the date stated above. |   |  |   |
| 23A. SIGNATURE William Korman M. D.  |                        | 23B. ADDRESS Sinai Hospital   |   | 23C. DATE SIGNED 10-2-53   |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial   |                        | 24B. DATE 10/5/53   |   | 24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.  |   |
| 24D. LOCATION (City, town, or county) Baltimore, Md.   |                        | 24E. (State)  |   | 25. FUNERAL DIRECTOR Mrs. J. T. Tackner & Sons   |   |
| 25. ADDRESS  |                        | 26. ADDRESS   |   |  |   |



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: write the causes of death clearly and legibly.

F655

FREIMAN

53 8828

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8828

Registered No.

BIRTH NO.

|  |                               |  |  |
|--|-------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Henry Freeman</i>  |                               | 2. DATE OF DEATH <i>Oct 3, 1953</i>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>South Baltimore</i>                                       |                               | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Maryland</i><br>B. COUNTY |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><i>South Baltimore</i> |                               | C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)<br><i>Baltimore 27-19</i>                        |  |
| D. STREET ADDRESS (If rural, give location)<br><i>5809 Key Ave.</i>  |                               | E. Yrs. Mos. Days  |  |
| c. Length of stay in Baltimore <i>Life</i>   |                               | 8. DATE OF BIRTH <i>Feb 18, 1898</i>   |  |
| 5. SEX <i>Male</i>   | 6. COLOR OR RACE <i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>   | 9. AGE (In years, last birthday) <i>55</i> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Foreman</i>     |                               | 10B. KIND OF BUSINESS OR INDUSTRY <i>Suburban</i>  |  |
| 11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>  |                               | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>   |  |
| 13. FATHER'S NAME <i>Abraham Freeman</i>   |                               | 14. MOTHER'S MAIDEN NAME <i>Fannie</i>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)       |                               | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT <i>Mrs Bessie Freeman</i>  |                               | ADDRESS <i>5809 Key Ave</i>  |  |

18. *420.1*

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Acute Coronary Occlusion*

INTERVAL BETWEEN ONSET AND DEATH

*1 hour.*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Aug 17*, 1953, to *Oct 3*, 1953, that I last saw the deceased alive on *Aug 17*, 1953, and that death occurred at *10:48* m., from the causes and on the date stated above.

23A. SIGNATURE

*Elbert H. Hines*

M. O.

23B. ADDRESS

*1801 EUTAW Ph.*

23C. DATE SIGNED

*10/3/53*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*Oct 6/53*

24C. NAME OF CEMETERY OR CREMATORY

*Abner Young Men*

24D. LOCATION (City, town, or county)

*Baltimore, Md.*

(State)

DATE RECEIVED BY LOCAL REGISTRAR

*OCT 5 - 1953*

REGISTRAR'S SIGNATURE

*Huntington Williams*

FUNERAL DIRECTOR

*W. C. Smith, Bur 1126 N. Mt. Ave*

ADDRESS

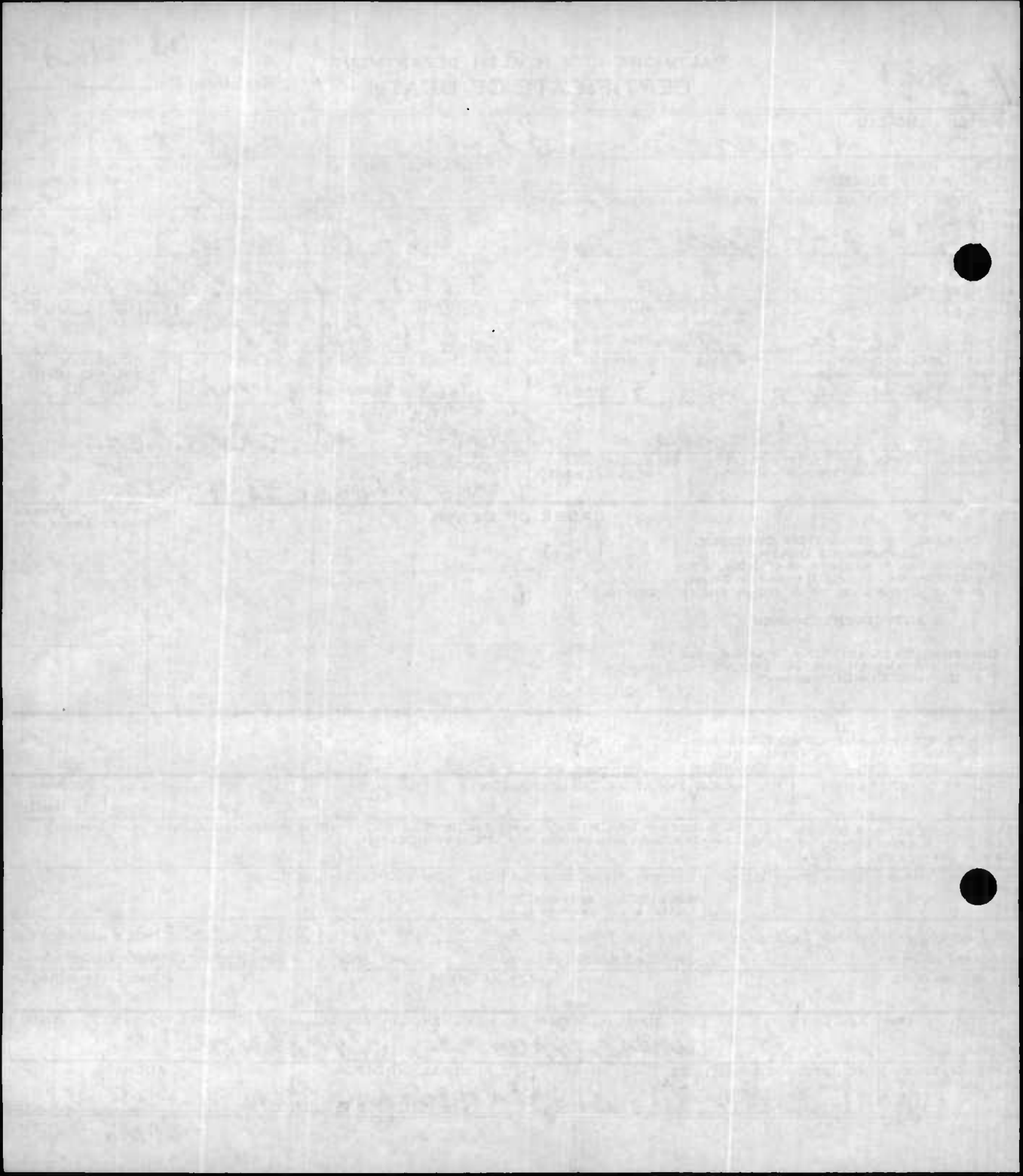
5238M

82-4-17

82-4-17







B-620

53 8830  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8830  
Registered No.

|   |                                  |  |  |
|---|----------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>EDWARD BROUGH</b>   |                                  | 2. DATE OF DEATH <b>10-2-53</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MD</b> B. COUNTY <b>25-04</b> |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>North Baltimore General Hospital</b>   |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>BALTIMORE MD</b>                                |  |
| c. Length of stay in Baltimore<br>Yrs. Mos. Days  |                                  | D. STREET ADDRESS (If rural, give location)<br><b>4000-4th St</b>  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  | 8. DATE OF BIRTH<br><b>Oct 31 1885</b> |
| 9. AGE (In years last birthday)<br><b>67</b>  |                                  | 10. UNDER 1 Year Months: Days  | 11. UNDER 24 Hours Hours: Min.         |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>RETIRED ASSY MANAGER BETHLEHEM SHIP CO</b>  |                                  | 10B. KIND OF BUSINESS OR INDUSTRY  |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>ENGLAND</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY?   |  |
| 13. FATHER'S NAME<br><b>HODSON FERROU BROUGH</b>  |                                  | 14. MOTHER'S MAIDEN NAME<br><b>SARAH MCGOVERN</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  |                                  | 16. SOCIAL SECURITY NO.<br><b>215-09-7657</b>  |  |
| 17. INFORMANT<br><b>GRANT BROUGH, 4000-4th St</b>   |                                  | ADDRESS  |  |
| 18. <b>432X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Purulent Pericarditis</b><br>DUE TO<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                                  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19A. DATE OF OPERATION <b>0</b>   |                                  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   |  |
| IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II  |                                  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   |                                  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?  |                                  | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  |
| 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>Sept. 29, 1953</b> , to <b>Oct. 2, 1953</b> , that I last saw the deceased alive on <b>Oct. 2, 1953</b> and that death occurred at <b>6:45 p.m.</b> , from the causes and on the date stated above.   |                                  |  |  |
| 23A. SIGNATURE<br><b>Donald Benoit Jones</b>  |                                  | 23B. ADDRESS<br><b>1213 Light St.</b>  |  |
| 23C. DATE SIGNED  |                                  | 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   |  |
| 24B. DATE<br><b>Oct. 6-53</b>   |                                  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>CATHEDRAL CEM</b>   |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>BALTO MD</b>  |                                  | 25. FUNERAL DIRECTOR<br><b>Huntington Williams, 1216 E West St</b>   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 5-1953</b>   |                                  | VS 150   |  |

2903U



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

53 8831  
Registered No.

53 8831  
BIRTH NO.

|  |                                  |   |  |  |   |
|--|----------------------------------|---|--|--|---|
| 1. NAME OF DECEASED<br>(Type or Print)<br><b>HOWARD Franklin JANNETT</b>                                       |                                  |   | 2. DATE OF DEATH<br><b>October 2, 1953</b>   |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |  |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Lutheran Hospital</b>  |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore 20-08</b>                         |  |   |
| C. Length of stay in Baltimore <b>Life</b><br>Yrs. Mos. Days   |                                  |   | D. STREET ADDRESS (If rural, give location)<br><b>222 S. Augusta Avenue</b>  |  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>Oct. 29, 1889</b>   | 9. AGE (In years last birthday)<br><b>63</b>                                   | If Under 1 Year Months Days Hours Min.        |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Salesman</b> |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Jeweler</b>               | 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore Maryland</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
| 13. FATHER'S NAME<br><b>Wallace Jannett</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Alice</b>   |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br><b>Yes</b>                                 |                                  | 16. SOCIAL SECURITY NO.<br><b>217-01-8821</b>                     |  | 17. INFORMANT ADDRESS<br><b>Mrs Hilda E. Jannett<br/>222 South Augusta Ave</b> |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br><b>Yes</b>                                 |                                  | 16. SOCIAL SECURITY NO.<br><b>217-01-8821</b>                     |  | 17. INFORMANT ADDRESS<br><b>Mrs Hilda E. Jannett<br/>222 South Augusta Ave</b> |   |

|   |  |                                  |
|---|--|----------------------------------|
| 18. <b>420.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Arteriosclerotic cardiovascular disease</b><br>(A) <b>NO</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES<br>(B) <b>Coronary occlusion</b>  |  |                                  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(C)  |  |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.  |  |                                  |

|  |  |  |  |   |
|--|--|--|--|---|
| 19A. DATE OF OPERATION<br><b>Oct 5, 1953</b>   |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK |  | 21F. HOW DID INJURY OCCUR?  |

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

|  |                                  |  |  |   |
|--|----------------------------------|--|--|---|
| 23A. SIGNATURE<br><i>William C. Smith</i>                  |                                  | 23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/><br>ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/><br>MEDICAL INVESTIGATOR..... <input type="checkbox"/> |  | 23C. DATE SIGNED<br><b>Oct. 2, 1953</b> |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24B. DATE<br><b>Oct. 5, 1953</b> | 24C. NAME OF CEMETERY OR CREMATORY<br><b>London Park Cemetery</b>  | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore Maryland</b> |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 5 - 1953</b>    |                                  | REGISTRAR'S SIGNATURE<br><i>Huntington Williams, M.D.</i>  |  |   |
| VS 151 js  |                                  | FUNERAL DIRECTOR<br><b>Henry Sander &amp; Sons Inc.</b><br><b>Baltimore Maryland</b><br><b>49068 George Sander</b>   |  |   |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1000 05



W-450  
53 8832BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8832

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Adeline Willheim

2. DATE  
OF  
DEATH

October 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

1009 South Bouldin Street

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

511 South Chester Street

C. Length of stay in Baltimore

77 Years

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

March 16, 1864

9. AGE (In years  
last birthday)

89

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

Weidenhoeft

14. MOTHER'S MAIDEN NAME

?

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT 1519 East 28th St.

Mr Christian W. Bretall

IB. 442X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic Cardio-vascular 2 yrs

DUE TO

Renal Disease

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1953 to Oct. 2, 1953 that I last saw the  
deceased alive on Oct. 2, 1953, and that death occurred at 9:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Clarena W. LeGour

M. D.

23B. ADDRESS

3023 Eastern Ave.

23C. DATE SIGNED

10/3/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 6, 1953

24C. NAME OF CEMETERY OR CREMATORY

First Evangelical Cem.

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Henry Sander &amp; Sons Inc.

ADDRESS

Baltimore Maryland

George Sander



E-520

53 8833

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8833

BIRTH NO.

|  |                                  |   |   |  |  |
|--|----------------------------------|---|---|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>MAY WATKINS ENNIS</b>  |                                  |   | 2. DATE OF DEATH<br><b>Oct. 2, 1953</b>   |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY <b>none</b> |  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>Methodist Home for the Aged</b><br><b>2211 W. Rogers Ave.</b> |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>  |  |  |
| c. Length of stay in Baltimore<br><b>70</b> life Yrs. Mos. Days  |                                  |   | D. STREET ADDRESS (If rural, give location)<br><b>4006 W. Rogers Ave.</b>   |  |  |
| 5. SEX<br><b>female</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>widowed</b> | 8. DATE OF BIRTH<br><b>June 22, 1880</b>  |  | 9. AGE (In years last birthday)<br><b>73</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>none</b>   |                                  | 10B. KIND OF BUSINESS OR INDUSTRY                                 | 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore, Md.</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S.</b> |
| 13. FATHER'S NAME<br><b>Thomas Edward Watkins</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Helen Wierman</b>  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)   |                                  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br><b>Harry H. Watkins</b>  |  |  |
|  |                                  |   | ADDRESS<br><b>3711 Egerton Road</b>   |  |  |

|  |  |   |
|--|--|---|
| 18. <b>331X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br>ANTECEDENT CAUSES<br><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | CAUSE OF DEATH<br><br>(A) <b>CEREBRAL HEMORRHAGE</b><br>DUE TO<br><br>(B) <b>ARTERIOSCLEROSIS</b><br>DUE TO<br><br>(C) | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>2 hours</b><br><br><b>15 years</b> |
|--|--|---|

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

|   |   |  |   |
|---|---|--|---|
| 19A. DATE OF OPERATION<br><b>0</b>  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |   |

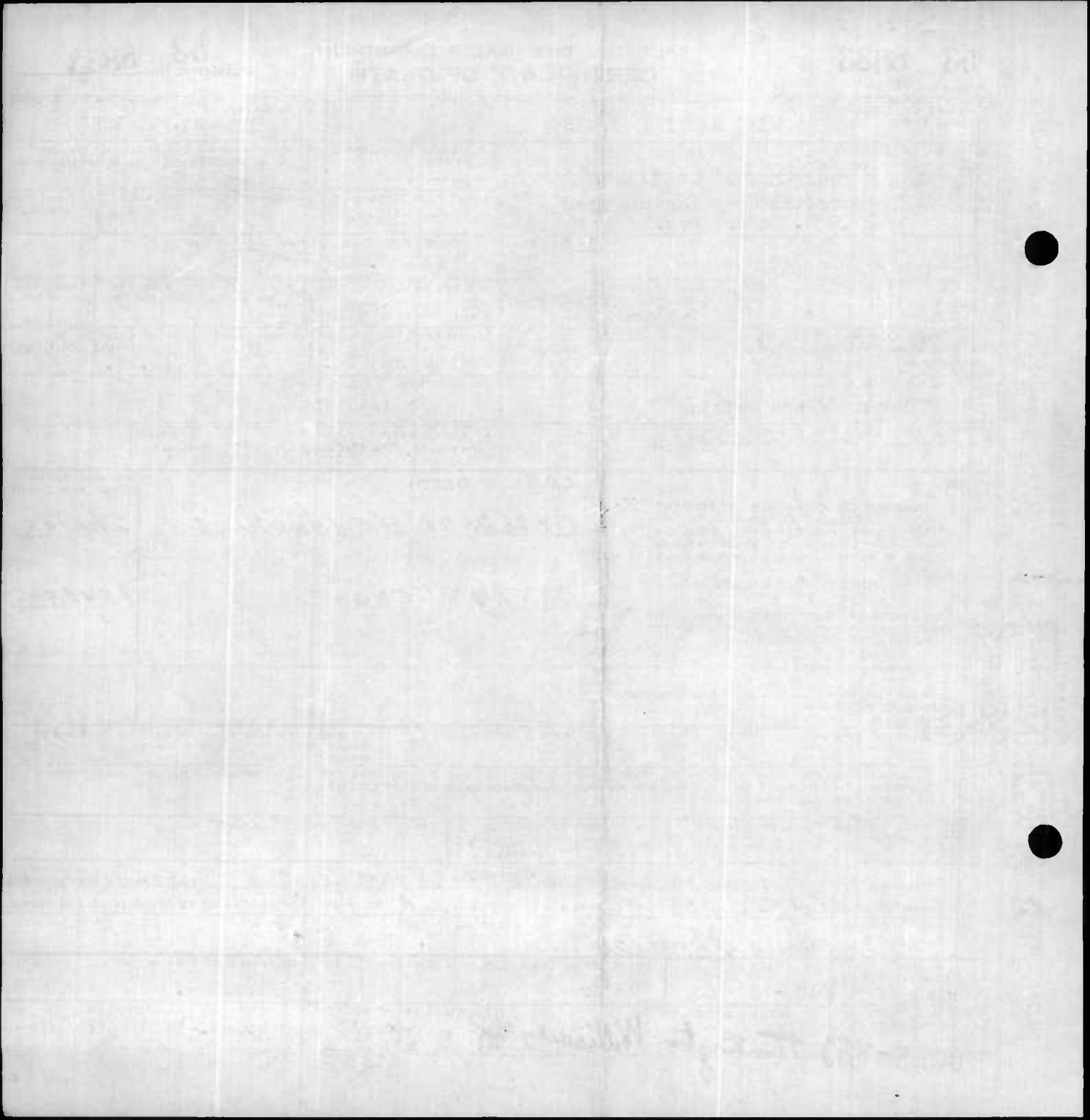
22. I hereby certify that I attended the deceased from **SEPT. 28, 1952** to **OCT 2, 1953**, that I last saw the deceased alive on **OCT. 2, 1953**, and that death occurred at **2.4 a.m.**, from the causes and on the date stated above.

|   |  |                  |
|---|--|------------------|
| 23A. SIGNATURE<br><b>Arthur J. Davies</b> | 23B. ADDRESS<br><b>800 W. 33rd St.</b> | 23C. DATE SIGNED |
|---|--|------------------|

|  |   |   |  |
|--|---|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24B. DATE<br><b>10 - 5 - 53</b>                     | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Western</b>            | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore, Md.</b> |
| DATE RECEIVED BY LOCAL REGISTRAR                           | REGISTRAR'S SIGNATURE<br><b>Huntington Williams</b> | 25. FUNERAL DIRECTOR<br><b>John G. Mitchell &amp; Sons Inc.</b> |  |
|  |   | ADDRESS<br><b>1900 Eutaw Place</b>                              |  |

OCT 5 - 1953

J. B. Mitchell



M-22 ✓

ALOISE MACHACEK

53 8834

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8834

|   |                               |   |                                       |  |   |
|---|-------------------------------|---|---------------------------------------|--|---|
| BIRTH NO.   |                               | 1. NAME OF DECEASED<br>(Type or Print) <i>Alois Machacek</i>  |                                       | 2. DATE OF DEATH <i>Oct 3/53</i>   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                               | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <i>Maryland</i> B. COUNTY |                                       |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <i>5866 Belair Road</i>   |                               | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i> <i>27-34</i>               |                                       |  |   |
| c. Length of stay in Baltimore<br>Yrs. Mos. Days  |                               | D. STREET ADDRESS (If rural, give location)<br><i>5866 Belair Road</i>  |                                       |  |   |
| 5. SEX <i>Male</i>  | 6. COLOR OR RACE <i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>  | 8. DATE OF BIRTH <i>June 13, 1865</i> | 9. AGE (In years last birthday) <i>88</i>                                | 10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sailor</i>   |                               | 10B. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>  |                                       | 11. BIRTHPLACE (State or foreign country) <i>Czechoslovakia</i>          |   |
| 13. FATHER'S NAME <i>Emmanuel Machacek</i>  |                               | 14. MOTHER'S MAIDEN NAME <i>Mary Wolf</i>   |                                       |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>   |                               | 16. SOCIAL SECURITY NO. <i>None</i>   |                                       | 17. INFORMANT ADDRESS <i>Sophia Leerhoff 1044 Port St</i>                |   |
| 18. <i>420.0</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. |                               | (A) <i>Coronary occlusion</i><br>DUE TO<br>(B) <i>Arteriosclerotic Heart Disease</i><br>DUE TO<br>(C)                       |                                       | INTERVAL BETWEEN ONSET AND DEATH<br><i>24 hr.</i><br><i>20 yr.</i>       |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                               |   |                                       |  |   |
| 19A. DATE OF OPERATION <i>0</i>   |                               | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |                                       | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   |   |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   |                               | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                                   |                                       | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                               | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK                   |                                       | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <i>May 4</i> , 1953, to <i>Oct 3</i> , 1953, that I last saw the deceased alive on <i>Oct 3</i> , 1953, and that death occurred at <i>8:30 A.M.</i> from the causes and on the date stated above.  |                               |   |                                       |  |   |
| 23A. SIGNATURE <i>Aclam Glwors</i>  |                               | 23B. ADDRESS M. D. <i>6232 Belair Road</i>  |                                       | 23C. DATE SIGNED <i>Oct 3, 1953</i>                                      |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>   |                               | 24B. DATE <i>Oct 5, 1953</i>  |                                       | 24C. NAME OF CEMETERY OR CREMATORY <i>Cathkill Cemetery</i>              |   |
| 24D. LOCATION (City, town, or county) (State) <i>MD Md</i>  |                               | 25. FUNERAL DIRECTOR'S ADDRESS <i>Huntington Williams, 900 4th Street SE</i>  |                                       |  |   |
| DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 5-1953</i>  |                               | REGISTRAR'S SIGNATURE <i>Huntington Williams</i>  |                                       |  |   |

1526 80

1526 80



-341  
53 8835BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8835

RTH NO.

NAME OF DECEASED  
type or Print)

JENNIE TITTLEBAUM

2. DATE  
OF  
DEATH

Oct. 5, 53

PLACE OF DEATH:  
Baltimore City, MarylandFULL NAME OF  
HOSPITAL OR  
INSTITUTION

Levindale

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE Md B. COUNTY 15-01C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township) Baltimore

D. STREET ADDRESS (If rural, give location)

1609 West North Ave

Length of stay in Baltimore

43

Yrs.  
Mos.  
DaysSEX 6. COLOR OR RACE 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Female white married

A. USUAL OCCUPATION (Give kind of  
work during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR  
INDUSTRY

FATHER'S NAME

Hymah

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Yetta

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No or unknown

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Aaron Tittlebaum - Son

18. 331X and 260X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebral hemorrhage

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B)

arteriosclerosis

Years

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

diabetes mellitus

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 2-4, 1946, 10-5, 1953, that I last saw the  
deceased alive on 10-5, 1953, and that death occurred at 4 am., from the causes and on the date stated above.

23A. SIGNATURE

Harry Nagel

M. D.

23B. ADDRESS

Levindale Home

23C. DATE SIGNED

10-5-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-5-53

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

25. RECEIVED BY  
CAL. REGISTRAR

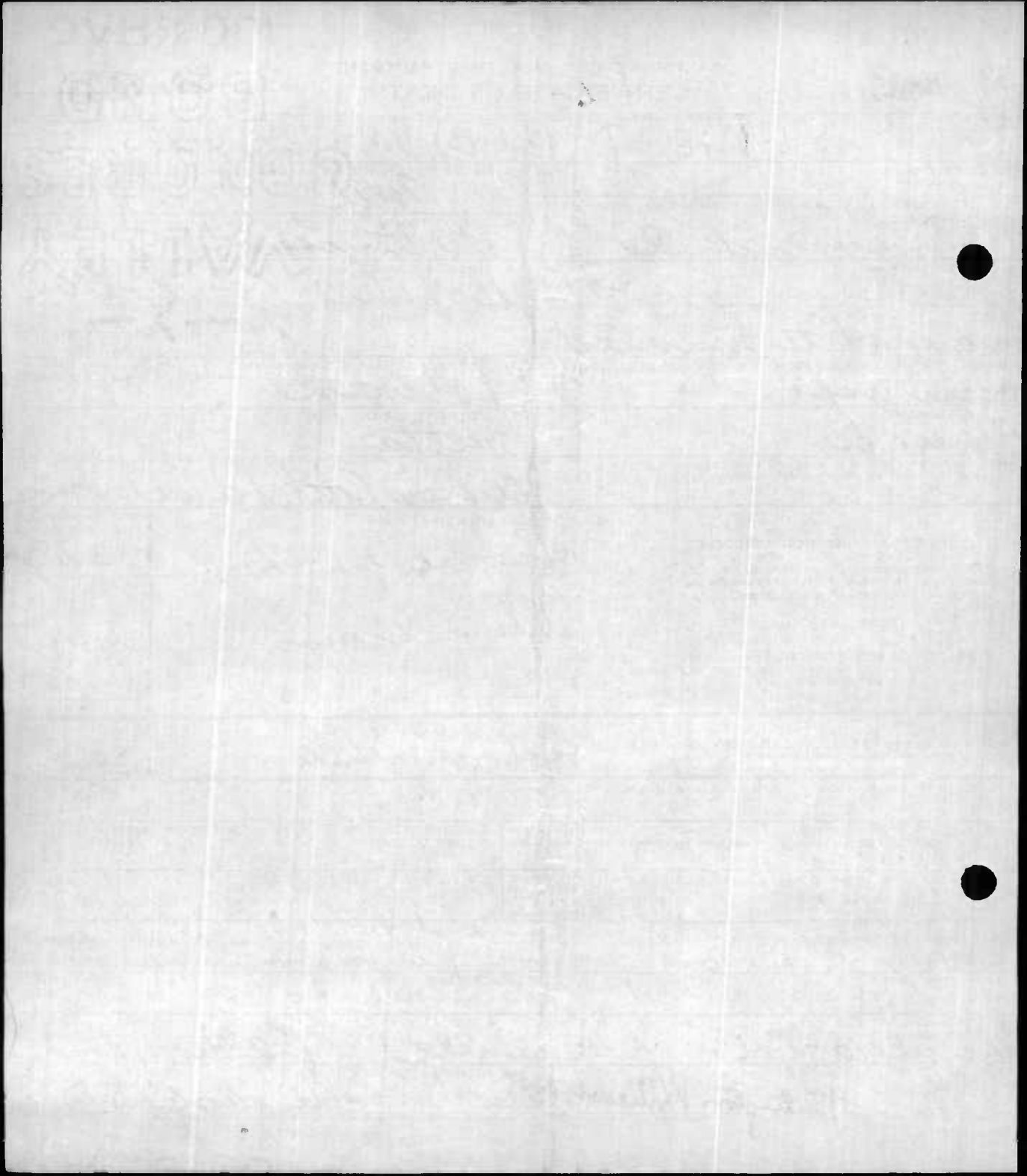
REGISTRAR'S SIGNATURE

Huntington Williams

26. FUNERAL DIRECTOR

ADDRESS

JACK KROENKE 2100 Canton St



M-632

53 8836

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8836  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ROSE MERWITZ

2. DATE  
OF  
DEATH

10-4-53

3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md 15-10

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

4000 Ayrdale Ave Baltimore

c. Length of stay in Baltimore

60 Yrs. 4000 Ayrdale Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Housewife

New York N.Y.

13. FATHER'S NAME

14. MOTHER'S M maiden NAME

Samuel Rosenberg

Sarah Sora

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Israel Merwitz - Same

18. 194X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxia

1 hr.

DUE TO Tracheal Obstruction

6 mos.

ANTECEDENT CAUSES

(B) Adenocarcinoma Thyroid

2 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Hypertensive C-V Dis.

6 yrs.

Cachexia

4 mo

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept. 1946 to Oct. 4, 1953 that I last saw the deceased alive on Oct. 3, 1953 and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

K. Krulenty

M. D.

400 N. Hillon St.

10/4/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

10-5-53

Ferring Run

Balto, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams

1100 Eutaw Pl

OCT 5-1953

OCT 5-1953

3338

62

62

- - /

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8837  
Registered No.

53 8837

BIRTH NO.

|   |                                  |   |  |  |  |
|---|----------------------------------|---|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>HYMAN HIPMAN</b>  |                                  |   | 2. DATE OF DEATH<br><b>10-4-53</b>   |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>4515 Garrison Blvd</b>                                       |                                  |   | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <b>Md</b> B. COUNTY <b>15-38</b> |  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>Haven Nursing Home</b> |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                                   |  |  |
| c. Length of stay in Baltimore <b>60</b> Yrs. <b>60</b> Mos. <b>60</b> Days                                       |                                  |   | D. STREET ADDRESS (If rural, give location)<br><b>2305 Alendale Road</b>   |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> | 8. DATE OF BIRTH<br><b>12-24-1877</b>  |  | 9. AGE (In years last birthday)<br><b>76</b>             |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired</b>     |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Tailor</b>   |  | 11. BIRTHPLACE (State or foreign country)<br><b>Lith</b> |
| 13. FATHER'S NAME<br><b>Morris</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Mary</b>  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)          |                                  |   | 16. SOCIAL SECURITY NO.<br><b>E. Reuben Hipman - 2328 Powhattan</b>  |  |  |

|  |  |   |
|--|--|---|
| 18. <b>420.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)<br><b>(A) arteriosclerosis - cerebral</b><br>DUE TO <b>coronary - cerebral</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 yrs.</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>(B)</b><br><b>(C)</b>   |  |   |

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

|   |   |  |   |
|---|---|--|---|
| 19A. DATE OF OPERATION<br><b>0</b>  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  | IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |   |

22. I hereby certify that I attended the deceased from **Jan 1953** to **1953**, that I last saw the deceased alive on **9/30**, 19**53**, and that death occurred at **7:47** m., from the causes and on the date stated above.

23A. SIGNATURE **Heimann** 23B. ADDRESS **2320 Intwood** 23C. DATE SIGNED **10/4/53**

|  |   |   |  |
|--|---|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b> | 24B. DATE<br><b>10-5-53</b>                         | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Hebrew Friendship - Balto Md</b> | 24D. LOCATION (City, town, or county) (State)<br><b>Balto Md</b> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 5-1953</b>      | REGISTRAR'S SIGNATURE<br><b>Huntington Williams</b> | 25. FUNERAL DIRECTOR<br><b>2100 Cietown Rd</b>                            |  |

Kush  
3001 Garrison  
Boulevard

10 AM



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8838

Registered No.

53 8838

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EISENHARDT, FRANCES

2. DATE  
OF  
DEATH

10/4/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Maryland, Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR  
INSTITUTION location)

UNIVERSITY Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

13-02

township)

D. STREET ADDRESS (If rural, give location)

2128 Brookfield Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OF RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

4-24-09

9. AGE (In years

last birthday)

44

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph J. J. Patrick

14. MOTHER'S MAIDEN NAME

Mary Emerick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.7. INFORMANT ADDRESS  
RENEVIEVE Wood 2128 Brookfield Ave

18.

171X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of cervix  
& metastases

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8/31

19B. CONDITION FOR WHICH OPERATION

WAS PERFORMED

Intra-abdominal pain from CA

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1953, to Oct 4, 1953, that I last saw the  
deceased alive on Oct 4, 1953, and that death occurred at 4:35 A. M., from the causes and on the date stated above.

23A. SIGNATURE

John B. Codington

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

10/4/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct 7, 1953

24C. NAME OF CEMETERY OR CREMATORY

Meadowdale Cem

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 5 - 1953

REGISTRAR'S SIGNATURE

Huntington Baltimore, Md

25. FUNERAL DIRECTOR

J. B. M. Walters

ADDRESS

Pratt &amp; Stricker Sts

8000 26

STATE OF CALIFORNIA

1900

THE BOARD OF SUPERVISORS

VALLEY

CONGREGATION

CHURCH

U. S. V.

B-240

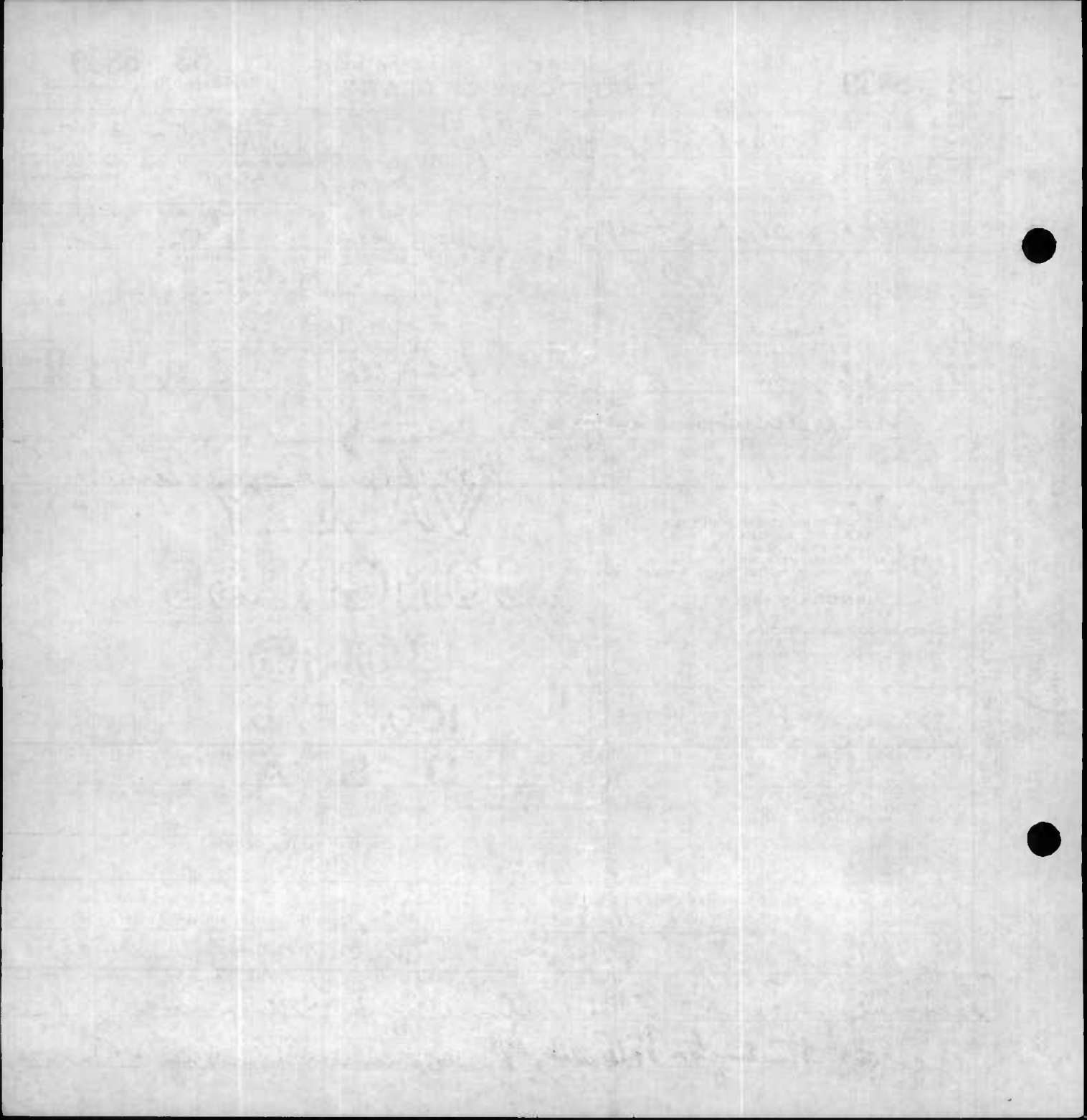
53 8839

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8839  
Registered No.

BIRTH NO.

|   |                                    |   |   |
|---|------------------------------------|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Frank Benjamin Bogle</i>  |                                    | 2. DATE OF DEATH<br><i>10-3-53</i>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                    | A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Maryland</i> B. COUNTY |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><i>Provident Hospital</i>   |                                    | C. CITY OR TOWN: (If outside corporate limits, write RURAL, and give township)<br><i>Baltimore</i>                          |   |
| C. Length of stay in Baltimore <i>60</i> Yrs. Mos. Days   |                                    | D. STREET ADDRESS (If rural, give location)<br><i>807 N. Wilmore St.</i>  |   |
| 5. SEX<br><i>M</i>  | 6. COLOR OR RACE<br><i>colored</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>married</i>   | 8. DATE OF BIRTH<br><i>3-24-1887</i>          |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Unemployed</i>  |                                    | 10B. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (In years, last birthday)<br><i>66</i> |
| 11. BIRTHPLACE (State or foreign country)<br><i>Whitell, N. C.</i>  |                                    | 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.A.</i>   |   |
| 13. FATHER'S NAME<br><i>Benjamin Bogle</i>  |                                    | 14. MOTHER'S MAIDEN NAME  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  |                                    | 16. SOCIAL SECURITY NO.   |   |
| 17. INFORMANT<br><i>Mrs Annie Bogle</i>   |                                    | ADDRESS <i>2901 Parkwood Ave</i>  |   |
| 18. <i>443X</i>   |                                    | CAUSE OF DEATH  |   |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)   |                                    | (A) <i>Heart failure</i>  |   |
| ANTECEDENT CAUSES   |                                    | (B) <i>Hypertensive Cardiovascular Disease</i>  |   |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |                                    | (C)   |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                                    |   |   |
| 19A. DATE OF OPERATION<br><i>0</i>  |                                    | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |   |
| 19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?  |                                    | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |   |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   |                                    | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                                   |   |
| 21C. WHERE DID INJURY OCCUR?  |                                    | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |   |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                    | 21F. HOW DID INJURY OCCUR?  |   |
| 22. I hereby certify that I attended the deceased from <i>9-8-53</i> , 1953, to <i>10-3</i> , 1953, that I last saw the deceased alive on <i>10-3</i> , 1953, and that death occurred at <i>1:01 a.m.</i> , from the causes and on the date stated above. |                                    |   |   |
| 23A. SIGNATURE<br><i>Dr. R. Keyes M.D.</i>  |                                    | 23B. ADDRESS<br><i>Provident Hospital</i>   |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |                                    | 24B. DATE<br><i>10-6-53</i>   |   |
| 24C. NAME OF CEMETERY OR CREMATORY<br><i>St. Andrew's Cemetery</i>  |                                    | 24D. LOCATION (City, town, or county) (State)<br><i>Baltimore Md.</i>   |   |
| 25. FUNERAL DIRECTOR<br><i>Huntington Williams, M.D.</i>  |                                    | ADDRESS<br><i>578 W. Francis St.</i>  |   |
| 26. DATE RECEIVED BY LOCAL REGISTRAR<br><i>OCT 5-1953</i>   |                                    | 27. REGISTRAR'S SIGNATURE<br><i>Francis A. Hensley</i>  |   |

VS 150



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8840  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Anna Marie Horris

2. DATE  
OF  
DEATH

Oct. 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3220 Belair Rd. (13)

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

3220 Belair Rd.

13

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md.

D. STREET ADDRESS (If rural, give location)

3220 Belair Rd. 13

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Oct. 25, 1882

9. AGE (in years

last birthday)

70

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Rose

14. MOTHER'S MAIDEN NAME

Ellen McGivney

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.  
none

17. INFORMANT

Miss Anne Horris

ADDRESS

3220 Belair Rd. 13

18.

447 X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovascular thrombosis

DUE TO

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertensive arteriosclerotic disease - 15 yrs.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 29, 1953, to Oct 7, 1953 that I last saw the deceased alive on Oct 1, 1953, and that death occurred at 7:45 a. m. from the causes and on the date stated above.

23A. SIGNATURE

Robert Mager

23B. ADDRESS

5716 Beechdale Ave

23C. DATE SIGNED

Oct 3, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 6/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

2024 Orleans St 31

0830 52

0830 52

5

7

11

15

19

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67

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79

83



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8841

Registered No. \_\_\_\_\_

AB-96900  
M-620  
53 8841

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Richard Meyers

2. DATE  
OF  
DEATH

10-3-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR INSTITUTION location)Baltimore City Hospitals  
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

26-12

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

Baltimore City Hospitals-4940 Eastern Ave.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 25- 1884

9. AGE (In years  
last birthday)

68

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Fireman

10B. KIND OF BUSINESS OR  
INDUSTRY

B &amp; O. R. R.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Meyers

14. MOTHER'S MAIDEN NAME

Mary E. Bush

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT 4940 Eastern Ave. ADDRESS  
Records: Baltimore City Hospitals

18. 292.4

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Aplastic Anemia

DUE TO

ANTECEDENT CAUSES

(B) Broncho pneumonia

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6-11-1953

19B. CONDITION FOR WHICH OPERATION

WAS PERFORMED  
Sternal Marrow BiopsyIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-25-1945, to 10-3-1953, that I last saw the  
deceased alive on 10-3-1953, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

H. John B. R.

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

10-3-1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/6/53

24C. NAME OF CEMETERY OR CREMATORY

St. Augustines Cem.

24D. LOCATION (City, town, or county)

Elkridge Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 5-1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Gowan

ADDRESS

29 S. Hollins

1931 12

12-2-31

12-2-31

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12-2-31

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8842

53 8842

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James Henry West

2. DATE  
OF  
DEATH

10-4-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

B. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or  
location)HOSPITAL OR  
INSTITUTION

Johns Hopkins Hosp. Md.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore 8-07

d. STREET ADDRESS (If rural, give location)

1810 E. Biddle St.

c. Length of stay in Baltimore

18 yrs.

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr. 14/1907

9. AGE (In years  
last birthday)

44 yrs.

If Under 1 Year

Months

If Under 24 Hours

Hours

Min.

10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR  
INDUSTRY

Bethlehem Steel Co.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William West

14. MOTHER'S MAIDEN NAME

Martha ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

Matthew West 1810 E. Biddle St.

ADDRESS

18. E976X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Wound  
Gunshot of HeadINTERVAL BETWEEN  
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING CAUSE OF DEATH.21b. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

home

21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

1810 E. Biddle Street

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

10-4-53 4:30 A.

21e. INJURY OCCURRED

WHILE AT

NOT WHILE AT

m.

AT WORK

21f. HOW DID INJURY OCCUR?

Shot self in head

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23a. SIGNATURE

William V. West

M.D.

23b. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23c. DATE SIGNED

10-4-53

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

Oct. 7/1953

24c. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24d. LOCATION (City, town, or county)

Anne Arundel County, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 5 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. A. J. Elliott

ADDRESS

1127 N. Caroline St.

VS 151

N 803.4

9703A 1127 N. Caroline St.

S-88

82

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION  
PUBLISHED WEEKLY  
CHICAGO, ILL. 60611

S-88

82



1.7

-252

53 8843

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8843

NAME OF DECEASED  
Mamie Washington

2. DATE OF DEATH  
Oct. 3, 1953

PLACE OF DEATH: 1522 W. Lexington St.  
Baltimore City, Maryland

3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md.  
B. COUNTY

FULL NAME OF INSTITUTION (If not in hospital or institution, give street address or location)  
Balto. City Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 19-02

Length of stay in Baltimore  
Yrs. Mos. Days  
1522 W. Lexington St.

SEX 54. 6. COLOR OR RACE Colored 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH July 27, 1885 9. AGE (In years last birthday) 68 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of line during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Balto Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Edward George 14. MOTHER'S MAIDEN NAME Mary Mears

13. WAS DECEASED EVER IN U.S. ARMED FORCES (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mother 18. ADDRESS 1522 W. Lexington St.

18. 442x I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiovascular renal disease

ANTECEDENT CAUSES DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK OR NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5:20 PM to 3:00 PM, 1953, that I last saw the deceased alive on Oct. 2, 1953, and that death occurred at 3:00 PM, from the causes and on the date stated above.

23A. SIGNATURE H. R. Johnson M.D. 23B. ADDRESS 433 Med Arts Bldg 10.4.53 23C. DATE SIGNED

24. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE Oct 7, 1953 24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park 24D. LOCATION (City, town, or county) Balto. Md.

25. FUNERAL DIRECTOR 1129 W. Caroline St.

VS 150





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-520

53 8844

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8844

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

KOENIG, CHRISTIAN E.

2. DATE  
OF  
DEATH

10/3/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

GLEN ARM, MD Balt.

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital Inc.

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

Long Green Pike

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4/30/14

9. AGE (In years last birthday)

39

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Sheet Metal Worker Bendix Radio Corp.

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George H. Koenig

14. MOTHER'S MAIDEN NAME

Mary E. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

U.S. W. W. #2 216-09-6736

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Katherine Koenig Glen Arm Md.

18. 541.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pulmonary edema

1 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Complicated operation for massive gastric-intestinal hemorrhage duodenal ulcer

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/3/53

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

gastric-intestinal hemorrhage

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/2/1953 to 10/3/1953 that I last saw the deceased alive on 10/3/1953, and that death occurred at 7:05 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Stanley B. Gould

M. D.

23B. ADDRESS

Sinai Hospital Balt.

23C. DATE SIGNED

10/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/6/53

24C. NAME OF CEMETERY OR CREMATORY

Morland Park

24D. LOCATION (City, town, or county)

Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 5 - 1953

Huntington Williams, M.D.

Cott Inc. 1217 St. Paul St.

VS 150

J913M

U.S. DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

STATE OF NEW YORK

YOUTH CENTER  
1000 10th Avenue  
New York, N.Y. 10018  
Telephone: 212-246-1234

CHART NUMBER

VALLEY

CONFERENCE

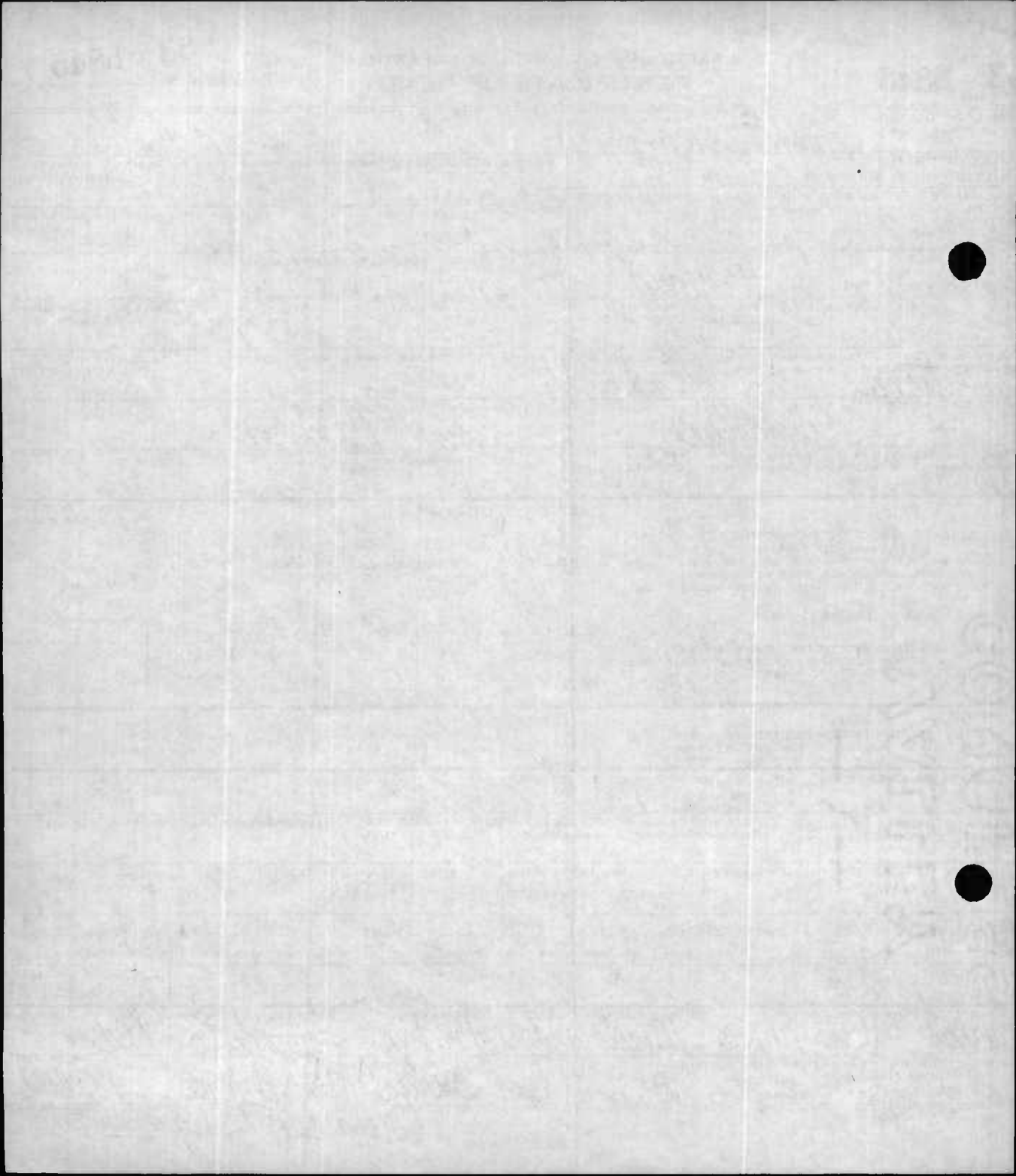
1964

-652

53 8845

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8845  
Registered No.

|  |  |   |  |
|--|--|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>LILLIAN E. ARMIGER</b>   |  | 2. DATE OF DEATH <b>Oct. 4 '53</b>  |  |
| 3. PLACE OF DEATH:<br>Baltimore City, Maryland <b>Balto. Md.</b>   |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY <b>Baltimore</b><br>C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b><br>D. STREET ADDRESS (If rural, give location) <b>13-06</b><br><b>3516 Chestnut Ave. #11</b> |  |
| 5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><b>Lillian E. Armiger</b>   |  | 6. COLOR OR RACE <b>W.</b>  |  |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WID.</b>  |  | 8. DATE OF BIRTH <b>9/20/1906</b>   |  |
| 9. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) <b>Confectioner</b>   |  | 10. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>   |  |
| 11. BIRTHPLACE (State or foreign country) <b>Virginia</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>Same</b>  |  |
| 13. FATHER'S NAME <b>Alexander</b>   |  | 14. MOTHER'S MAIDEN NAME <b>Lora Thompson</b>   |  |
| 15. DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>  |  | 16. SOCIAL SECURITY NO. <b>GRACE CAVY - niece</b>   |  |
| 17. INFORMANT <b>GRACE CAVY - niece</b>  |  | ADDRESS <b>Same</b>   |  |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Pol. Atelectasis due to</b><br><b>Antecedent Causes</b><br><b>Several months</b> |  | CAUSE OF DEATH<br>(A) <b>Pol. Atelectasis due to</b><br>DUE TO<br>(B) <b>Congenital pol. cysts.</b><br>DUE TO<br>(C) <b></b>  |  |
| 19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |   |  |
| 19A. DATE OF OPERATION <b>June 7 '53</b>   |  | 19B. MAJOR FINDINGS OF OPERATION <b>Congenital pol. cysts.</b>  |  |
| 20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>  |  |   |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>   |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |  | 21D. HOW DID INJURY OCCUR?  |  |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR NOT WHILE AT WORK <input type="checkbox"/>  |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>April 16, 1953</b> to <b>Oct. 4, 1953</b> that I last saw the deceased alive on <b>OCT. 4, 1953</b> and that death occurred at <b>6:30</b> m., from the causes and on the date stated above.                                     |  |   |  |
| 23A. SIGNATURE <b>J. E. Chene</b>  |  | 23B. ADDRESS <b>2906A</b>   |  |
| 23C. DATE SIGNED <b>OCT 4 1953</b>   |  |   |  |
| 24A. NAME OF CEMETERY OR CREMATORY <b>Meadowridge Mem. Park</b>  |  | 24B. LOCATION (City, town, or county) (State) <b>Howard Co. Md.</b>   |  |
| 24C. DATE OF BURIAL, CREMATION, OR REMOVAL (Specify) <b>OCT 7-1953</b>   |  | 24D. REGISTRAR'S SIGNATURE <b>Huntington Williams</b>   |  |
| 24E. DATE RECEIVED BY REGISTRAR <b>OCT 5-1953</b>  |  | 24F. FUNERAL DIRECTOR'S ADDRESS <b>Horace F. Burgee</b>   |  |

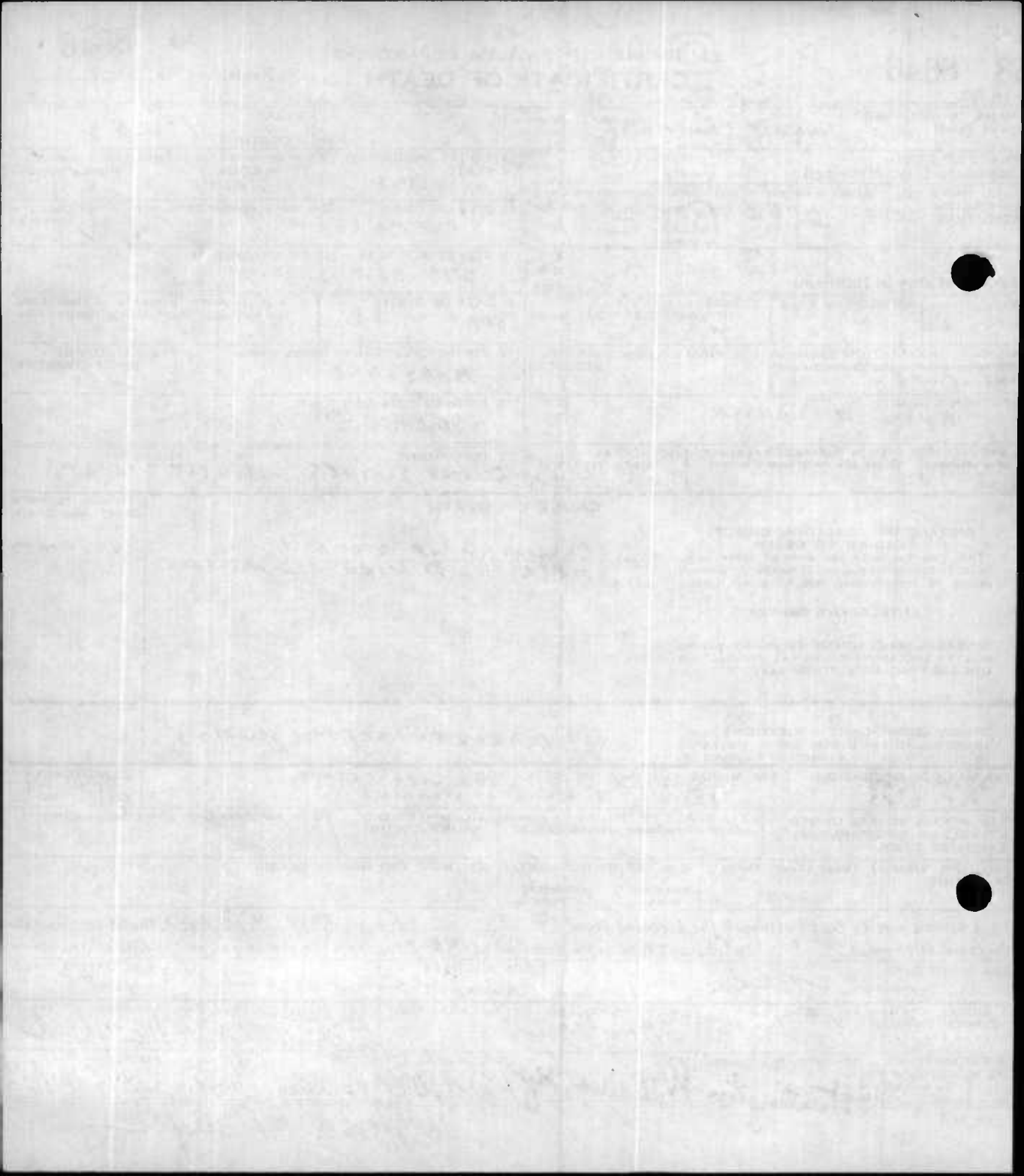


-340

53 8846

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8846  
Registered No.

|  |  |  |  |
|--|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>MRS FANNIE CATHELL</b>   |  | 2. DATE OF DEATH<br><b>4 OCT 53</b>  |  |
| 3. PLACE OF DEATH:<br><b>Baltimore City, Maryland</b>  |  | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <b>MARYLAND</b> B. COUNTY <b>BALT.</b> |  |
| 5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><b>CHURCH HOME + HOSPITAL</b>   |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>BALTIMORE</b>   |  |
| 6. D. STREET ADDRESS (If rural, give location)<br><b>279 WEST 31<sup>ST</sup> ST</b>   |  | 7. AGE (In years last birthday)<br><b>37</b>   |  |
| 8. DATE OF BIRTH<br><b>SEPT 19, 1876</b>   |  | 9. AGE (In years last birthday)<br><b>37</b>   |  |
| 10. BIRTHPLACE (State or foreign country)<br><b>MARYLAND</b>   |  | 11. CITIZEN OF WHAT COUNTRY?<br><b>USA.</b>  |  |
| 12. MOTHER'S MAIDEN NAME<br><b>ADELAIDE BARNES</b>   |  | 13. FATHER'S NAME<br><b>JOHN HOLBROOK</b>  |  |
| 14. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(If yes, give war or dates of service)<br><b>NO</b>  |  | 15. SOCIAL SECURITY NO.<br><b>216-09-9766</b>  |  |
| 16. INFORMANT<br><b>WELDON E. JONES</b>  |  | 17. ADDRESS<br><b>279 WEST 31<sup>ST</sup> ST.</b>   |  |
| 18. CAUSE OF DEATH<br><b>1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)<br><b>CARCINOMA OF STOMACH METASTATIC TO LIVER AND OMENTUM</b><br>DUE TO<br>(A) <b>CARCINOMA OF STOMACH METASTATIC TO LIVER AND OMENTUM</b><br>(B)<br>(C)<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>GENERALIZED ARTERIO SCLEROSIS</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>4-5 MONTHS</b>  |  |
| 19. DATE OF OPERATION<br><b>SEPT 11, 53</b>  |  | 20. MAJOR FINDINGS OF OPERATION<br><b>CARCINOMA OF STOMACH WITH METASTASIS OBSTRUCTED STOMA OF STOMACH</b>                               |  |
| 21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH<br><input type="checkbox"/>   |  | 22. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><input type="checkbox"/>                     |  |
| 23. TIME (Month) (Day) (Year) (Hour) OF INJURY<br><input type="checkbox"/>   |  | 24. HOW DID INJURY OCCUR?<br><input type="checkbox"/>  |  |
| 25. I hereby certify that I attended the deceased from <b>8-31</b> , 19 <b>53</b> , to <b>10-4</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10-4</b> , 19 <b>53</b> , and that death occurred at <b>12:50 P M.</b> , from the causes and on the date stated above.  |  | 26. SIGNATURE<br><b>Donald C. Blain</b>  |  |
| 27. ADDRESS<br><b>Church Home and Hospital</b>   |  | 28. DATE SIGNED<br><b>4 OCT 53</b>   |  |
| 29. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 30. DATE<br><b>Oct 7-1953</b>  |  |
| 31. NAME OF CEMETERY OR CREMATORY<br><b>Woodlawn</b>   |  | 32. LOCATION (City, town, or county) (State)<br><b>Baltimore Co. Maryland</b>  |  |
| 33. RECEIVED BY<br><b>Huntington Williams, M.D.</b>  |  | 34. REGISTRAR'S SIGNATURE<br><b>Horace F. Burgee</b>   |  |
| 35. FUNERAL DIRECTOR<br><b>Horace F. Burgee</b>  |  | 36. ADDRESS<br><b>Funeral Home 3631 Fall Rd.</b>   |  |





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 8847

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George A. Diven

2. DATE  
OF  
DEATH

October 2, 1953

3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

3434 Hickory Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3434 Hickory Avenue

c. Length of stay in Baltimore

70 years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

Oct. 28, 1874

9. AGE (In years,  
last birthday)

78

If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
Car Inspector10B. KIND OF BUSINESS OR  
INDUSTRY  
Penn. Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
U S A

13. FATHER'S NAME

William Diven

14. MOTHER'S MAIDEN NAME

Margaret Garrett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)  
Yes

Span-American

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mrs. Bertha H. Diven

ADDRESS

3434 Hickory Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Cong Heart Failure  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Arterioelectric C V Dis  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 24, 1953 to Oct 2, 1953 that I last saw the  
deceased alive on Oct 1, 1953, and that death occurred at 4 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Edward L. Hermon

M. D.

23B. ADDRESS

4037 Falls Rd

23C. DATE SIGNED

10/3/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 5, 1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

Oct 5 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Burgee Funeral Home

ADDRESS

3631 Falls Road

Horace F. Burgee

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8848**C-400  
BIRTH NO. **53 8848**

|  |                                  |  |  |
|--|----------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>JACKSON COALE</b>  |                                  | 2. DATE OF DEATH <b>10-2-63</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MARYLAND</b> B. COUNTY <b>25-05</b> |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>Smith Baltimore General Hospital</b>  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)<br><b>BROOKLYN - BALTIMORE</b>                             |  |
| c. Length of stay in Baltimore<br>Yrs. Mos. Days   |                                  | D. STREET ADDRESS (If rural, give location)<br><b>1501 SPRUCE STREET</b>   |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>SINGLE</b>   | 8. DATE OF BIRTH<br><b>JAN. 25, 1891</b>                     |
| 9. AGE (In years last birthday)<br><b>62</b>   |                                  | 10. Under 1 Year<br>Months: Days: Hours: Min.  | 11. BIRTHPLACE (State or foreign country)<br><b>MARYLAND</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>BOOKKEEPER</b>   |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>GENERAL OFFICE</b>   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |                                  | 13. FATHER'S NAME<br><b>CHARLES COALE</b>  |  |
| 14. MOTHER'S MAIDEN NAME<br><b>MYRA LEE</b>  |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>NO NONE</b>               |  |
| 16. SOCIAL SECURITY NO.<br><b>212-09-2439</b>  |                                  | 17. INFORMANT ADDRESS<br><b>FAMILY RECORDS</b>   |  |
| 18. <b>420.0</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Arteriosclerotic heart disease</b>   |                                  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Generalized arteriosclerosis</b>  |                                  | DUE TO   |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><b>pulmonary edema</b>   |                                  | DUE TO   |  |
| 19A. DATE OF OPERATION <b>7</b>  |                                  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   |  |
| 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |                                  | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?   |                                  | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  |
| 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>Sept. 17, 1953</b> , to <b>Oct. 2, 1953</b> , that I last saw the deceased alive on <b>Oct. 2, 1953</b> , and that death occurred at <b>6:24 p. m.</b> from the causes and on the date stated above. |                                  |  |  |
| 23A. SIGNATURE<br><b>Donald Benbow Jones</b>   |                                  | 23B. ADDRESS<br><b>1213 Light St.</b>  |  |
| 23C. DATE SIGNED   |                                  | 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   |  |
| 24B. DATE<br><b>OCT. 6, 1953</b>   |                                  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>PROSPECT HILL CEM.</b>  |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>TOWSON, MD.</b>  |                                  | DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 5 - 1953</b>  |  |
| REGISTRAR'S SIGNATURE<br><b>Huntington Williams, M.D.</b>  |                                  | 25. FUNERAL DIRECTOR ADDRESS<br><b>John Benbow Jones, Towson, Md.</b>  |  |

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53 8849

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8849  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Katherine Laura Booge

2. DATE  
OF  
DEATH

Sept 30, 1953

PLACE OF DEATH:  
Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived before admission)  
A. STATE md B. COUNTYFULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

1424 Wilmor CT

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Balto 14-02

D. STREET ADDRESS (If rural, give location)

1424 Wilmor CT

Length of stay in Baltimore

Yrs.  
Mos.  
Days

SEX

7

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

May 8, 1889

9. AGE (in years  
last birthday)

64

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

house wife

10b. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

FATHER'S NAME

William Simms

14. MOTHER'S MAIDEN NAME

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

David Booge 1424 Wilmor CT

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Cancer of the Breast.

about 3 yrs

## ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

3 years ago

19b. MAJOR FINDINGS OF OPERATION

Cancer of Breast.

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK22. I hereby certify that I attended the deceased from Nov. 1, 1952 to Sept 30, 1953, that I last saw the  
deceased alive on Sept. 28, 1953, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE

C. Mansell Lawrence, M. D.

23b. ADDRESS

1225 Penna. Ave.

23c. DATE SIGNED

Oct. 2, 1953

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

10/5/53

24c. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24d. LOCATION (City, town, or county)

Balto. Md

(State)

TE RECEIVED BY  
REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wes. H. Kelsan 1303

ADDRESS

Presman St

#225 Penna am

CERTIFICATE OF DEATH

CAUSE OF DEATH

1. I, the undersigned, being a duly qualified physician, do hereby certify that the above is a true and correct statement of the cause of death of the deceased.

2. I, the undersigned, being a duly qualified physician, do hereby certify that the above is a true and correct statement of the cause of death of the deceased.

3. I, the undersigned, being a duly qualified physician, do hereby certify that the above is a true and correct statement of the cause of death of the deceased.

4. I, the undersigned, being a duly qualified physician, do hereby certify that the above is a true and correct statement of the cause of death of the deceased.

5. I, the undersigned, being a duly qualified physician, do hereby certify that the above is a true and correct statement of the cause of death of the deceased.

6. I, the undersigned, being a duly qualified physician, do hereby certify that the above is a true and correct statement of the cause of death of the deceased.

7. I, the undersigned, being a duly qualified physician, do hereby certify that the above is a true and correct statement of the cause of death of the deceased.

8. I, the undersigned, being a duly qualified physician, do hereby certify that the above is a true and correct statement of the cause of death of the deceased.

9. I, the undersigned, being a duly qualified physician, do hereby certify that the above is a true and correct statement of the cause of death of the deceased.

10. I, the undersigned, being a duly qualified physician, do hereby certify that the above is a true and correct statement of the cause of death of the deceased.

11. I, the undersigned, being a duly qualified physician, do hereby certify that the above is a true and correct statement of the cause of death of the deceased.

12. I, the undersigned, being a duly qualified physician, do hereby certify that the above is a true and correct statement of the cause of death of the deceased.

13. I, the undersigned, being a duly qualified physician, do hereby certify that the above is a true and correct statement of the cause of death of the deceased.

14. I, the undersigned, being a duly qualified physician, do hereby certify that the above is a true and correct statement of the cause of death of the deceased.

15. I, the undersigned, being a duly qualified physician, do hereby certify that the above is a true and correct statement of the cause of death of the deceased.



F.656

53 8850

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8850

|   |                                 |  |   |
|---|---------------------------------|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Katie M. Farmer</i>   |                                 | 2. DATE OF DEATH <i>Oct 1, 1953</i>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>Oples 3</i>  |                                 | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>md.</i><br>B. COUNTY <i>Baltimore</i> |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i> |                                 | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Sparrows Pt. 5300</i>                                   |   |
| c. Length of stay in Baltimore<br>Yrs. Mos. Days  |                                 | D. STREET ADDRESS (If rural, give location)<br><i>2432 Lodge Farm Road</i>   |   |
| 5. SEX <i>Female</i>  | 6. COLOR OR RACE <i>Colored</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>   | 8. DATE OF BIRTH<br>9. AGE (in years, last birthday) <i>66</i><br>If Under 1 Year: Months: Days: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>House Wife</i>                              |                                 | 10B. KIND OF BUSINESS OR INDUSTRY  |   |
| 11. BIRTHPLACE (State or foreign country)<br><i>Georgia</i>   |                                 | 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.A.</i>  |   |
| 13. FATHER'S NAME<br><i>Unknown</i>   |                                 | 14. MOTHER'S MAIDEN NAME   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (if yes, give war or dates of service)                                       |                                 | 16. SOCIAL SECURITY NO. <i>JOHNS HOPKINS HOSPITAL</i> ADDRESS  |   |

|  |  |
|--|--|
| 18. <i>446X</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>CAUSE OF DEATH<br><i>Uremia</i><br>(A) DUE TO | INTERVAL BETWEEN ONSET AND DEATH<br><i>Unknown</i> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B) <i>Hepatic cirrhosis, Just ask</i><br>DUE TO   | <i>Unknown</i>                                     |
| (C)  |  |

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

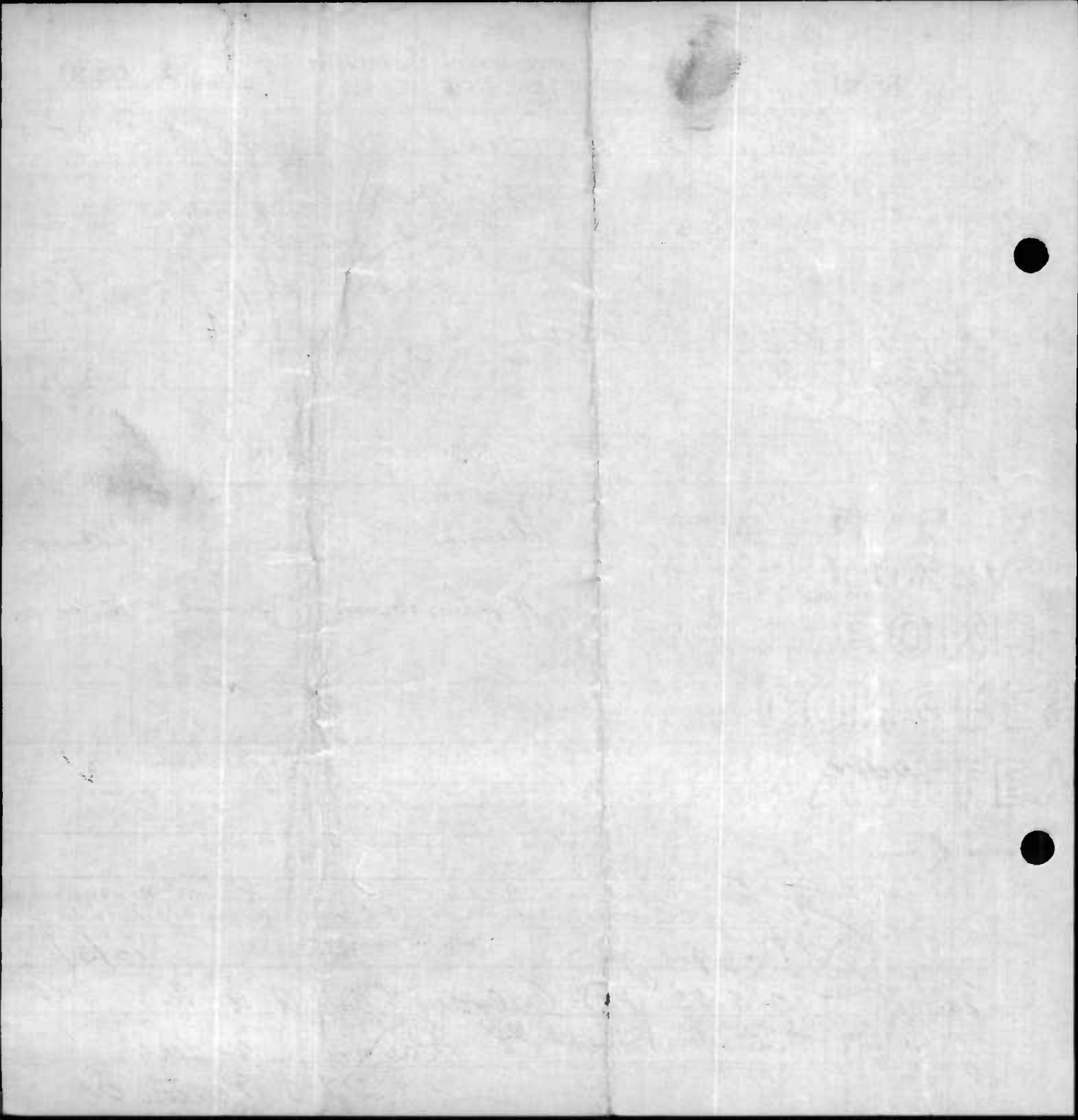
|   |   |  |   |
|---|---|--|---|
| 19A. DATE OF OPERATION<br><i>NONE</i>   | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |   |

22. I hereby certify that I attended the deceased from *9-16-53*, to *10-2-53*, that I last saw the deceased alive on *10-2-53* and that death occurred at *11:15 P.M.*, from the causes and on the date stated above.

|   |   |                                    |
|---|---|------------------------------------|
| 23A. SIGNATURE<br><i>Dr. L. R. G. Jr.</i> | 23B. ADDRESS<br><i>JOHNS HOPKINS HOSPITAL</i> | 23C. DATE SIGNED<br><i>10/3/53</i> |
|---|---|------------------------------------|

|  |                             |  |  |
|--|-----------------------------|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i> | 24B. DATE<br><i>10-5-53</i> | 24C. NAME OF CEMETERY OR CREMATORY<br><i>St. Calvary Cem. A. A. Co</i> | 24D. LOCATION (City, town, or county) (State)<br><i>md</i> |
|--|-----------------------------|--|--|

|   |   |   |                                     |
|---|---|---|-------------------------------------|
| DATE RECEIVED BY<br><i>OCT 5 - 1953</i> | REGISTRAR'S SIGNATURE<br><i>Huntington Williams, M.D.</i> | FUNERAL DIRECTOR<br><i>Rayner Sanders</i> | ADDRESS<br><i>217 E. Preston St</i> |
|---|---|---|-------------------------------------|

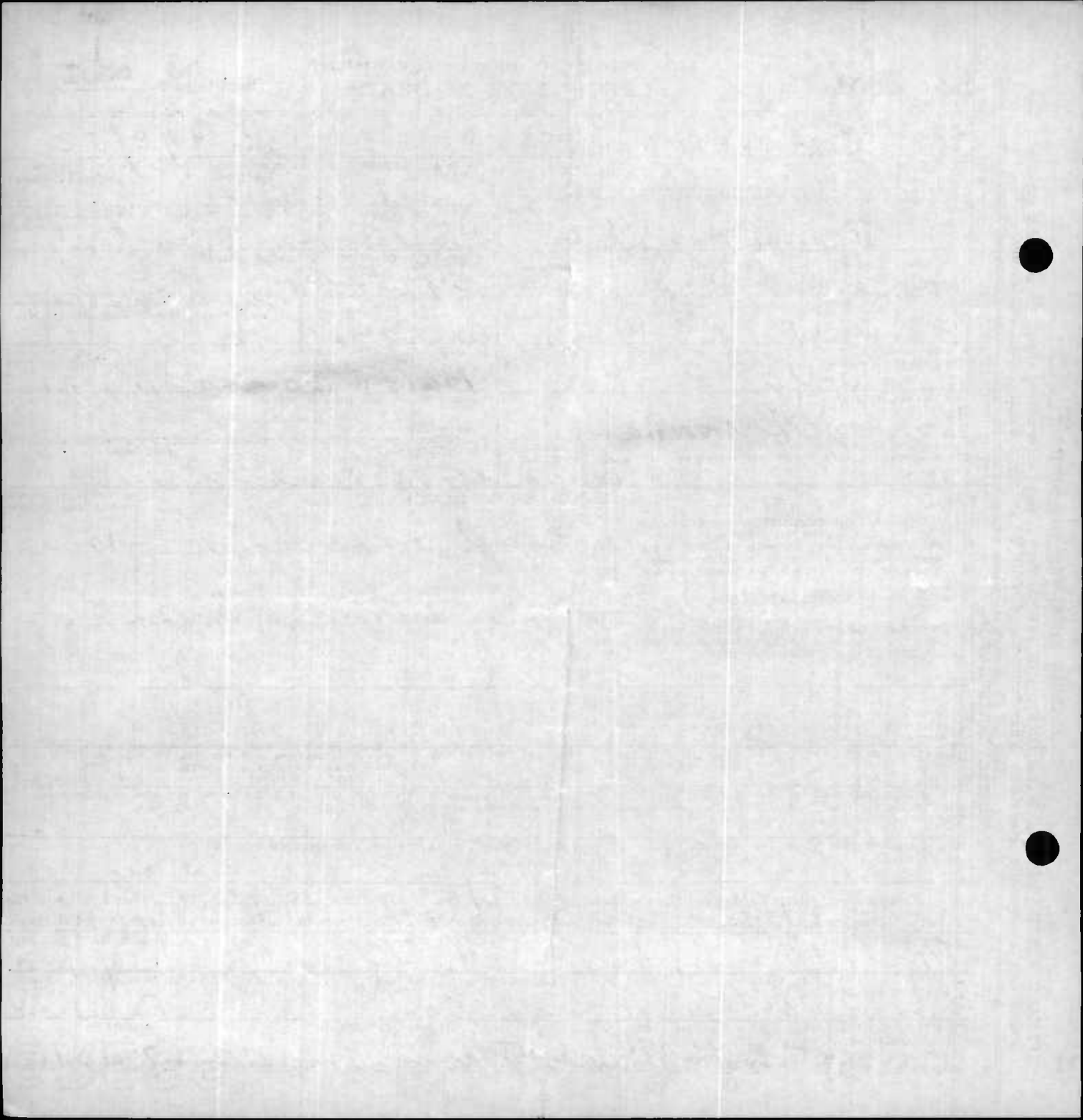


BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8851

BIRTH NO. 53 8851

|  |                           |   |  |  |  |
|--|---------------------------|---|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>CATHERINE STORMS</b>   |                           |   | 2. DATE OF DEATH <b>10/3/53</b>  |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                           |   | 4. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission)<br>A. STATE <b>md</b> B. COUNTY <b>Balto</b> |  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>37 Merry Hospital</b>   |                           |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Glen Arms Maryland</b>                          |  |  |
| C. Length of stay in Baltimore <b>Life</b>   |                           |   | D. STREET ADDRESS (If rural, give location)<br><b>Miller Rd 5300</b>   |  |  |
| 5. SEX <b>F</b>  | 6. COLOR or RACE <b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>  | 8. DATE OF BIRTH <b>Aug 10 - 1904</b>  |  | 9. AGE (In years last birthday) <b>44</b>  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |                           | 10B. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (State or foreign country)<br><b>Balto Co md</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
| 13. FATHER'S NAME<br><b>Henry Burkhart</b>   |                           |   | 14. MOTHER'S MAIDEN NAME<br><b>—</b>   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>   |                           | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT ADDRESS<br><b>Mr D.W. Storms Miller Rd</b>   |  |  |
| 18. <b>331X I</b> CAUSE OF DEATH   |                           |   |  |  | INTERVAL BETWEEN ONSET AND DEATH           |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Cerebral Hemorrhage</b>   |                           |   |  |  | <b>10 min</b>                              |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Malignant Hypertension</b>  |                           |   |  |  | <b>5 yrs</b>                               |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                           |   |  |  |  |
| 19A. DATE OF OPERATION <b>0</b>  |                           | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |  | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  |                           | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |                           | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>9/5</b> , 19 <b>53</b> to <b>10/3/53</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10/3/53</b> , 19 <b>53</b> , and that death occurred at <b>8:45 pm.</b> , from the causes and on the date stated above. |                           |   |  |  |  |
| 23A. SIGNATURE<br><b>Robert G. Lyden</b>   |                           |   | 23B. ADDRESS<br><b>Merry Hosp</b>  |  | 23C. DATE SIGNED<br><b>10/3/53</b>         |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                           | 24B. DATE<br><b>10/6/53</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>St Josephs Cem</b>              |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Balto md</b>   |                           | 25. FUNERAL DIRECTOR<br><b>Huntington Williams, Mortuary</b>  |  |  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 5 - 1953</b>  |                           | 25. FUNERAL DIRECTOR ADDRESS<br><b>7401 Belair Rd</b>   |  |  |  |



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8852

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

BROWN, CHARLES D.

2. DATE  
OF  
DEATH

10/5/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY CARROLL

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR UNIVERSITY HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE HAMPSHIRE

c. Length of stay in Baltimore

4 Days

D. STREET ADDRESS (If rural, give location)

RK # 2 5600

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

4/14/85

9. AGE (In years last birthday)

68

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HYCKSTER

10B. KIND OF BUSINESS OR INDUSTRY

owner

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

DAVID L.

14. MOTHER'S MAIDEN NAME

AMADILLA MILLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Edna Grace Brown, 10 Daphne St

ADDRESS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebro-vascular accident probably on arteriosclerotic basis.

DUE TO

3 days

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1953, to Oct 5, 1953 that I last saw the deceased alive on Oct. 4, 1953, and that death occurred at 4:05 AM., from the causes and on the date stated above.

23A. SIGNATURE

James Reed

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

Oct. 5, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-8-53

24C. NAME OF CEMETERY OR CREMATORY

Manchester Cem

24D. LOCATION (City, town, or county) (State)

Manchester, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

OCT 5-1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

B 300 Wink

ADDRESS

Manchester

9586 66

RECEIVED

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

ALBANY, N.Y.

IN SENATE

January 2, 1966

REPORT OF THE ATTORNEY GENERAL

ON THE PROCEEDINGS OF THE

COMMISSIONERS OF THE LAND OFFICE

IN THE MATTER OF THE

LANDS BELONGING TO THE STATE

OF NEW YORK

AND THE LANDS BELONGING TO THE

PEOPLE OF THE STATE OF NEW YORK

IN THE MATTER OF THE

LANDS BELONGING TO THE STATE

OF NEW YORK

AND THE LANDS BELONGING TO THE

PEOPLE OF THE STATE OF NEW YORK

IN THE MATTER OF THE

LANDS BELONGING TO THE STATE

OF NEW YORK

AND THE LANDS BELONGING TO THE

PEOPLE OF THE STATE OF NEW YORK

IN THE MATTER OF THE

LANDS BELONGING TO THE STATE

OF NEW YORK

AND THE LANDS BELONGING TO THE

PEOPLE OF THE STATE OF NEW YORK

IN THE MATTER OF THE



D-450

8853

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8853

IRTH NO.

NAME OF DECEASED  
(Type or Print)

MARY LEE DOLAN

2. DATE  
OF  
DEATH

OCTOBER 3, 1953

PLACE OF DEATH: 1907 GREENMOUNT AVENUE  
Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

MARYLAND

FULL NAME OF (If not in hospital or institution, give street address or  
SPITAL OR location)  
STITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE

Length of stay in Baltimore

6

Yrs.

Mos.

Days

1907 GREENMOUNT AVENUE

SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
SINGLE

8. DATE OF BIRTH

FEB 9, 1947

9. AGE (In years  
last birthday)

6

10 Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

FATHER'S NAME

PETER AUSTIN DOLAN

14. MOTHER'S MAIDEN NAME

CHARLOTTE ELIZABETH MURPHY

WAS DECEASED EVER IN U. S. ARMED FORCES?  
no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
PETER AUSTIN DOLAN 1907 GREENMOUNT

18. 591X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) CARDIAC FAILURE

DUE TO

4 MONTHS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) NEPHROSIS

DUE TO

2 YEARS

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 26, 1951, to OCT. 3, 1953, that I last saw the  
deceased alive on SEPT 28, 1953, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Latimer J. Young

23B. ADDRESS

M. O.

3311 ST. PAUL ST. BALTIMORE 12

23C. DATE SIGNED

Oct 3, 1953

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial Oct. 6, 1953 New Cathedral Cem Balto. Md.

TE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 5-1953

Huntington Williams, Jr.

John A. Moran 3000 E. Balto. St.

THE VALLEY COMPANY  
INCORPORATED  
CHICAGO, ILL.

VALLEY  
COMPANY  
INCORPORATED  
CHICAGO, ILL.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## TO BE APPROVED BY MEDICAL EXAMINER.

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 53 8854

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

MELINE PROST PERRY

2. DATE

OF DEATH

OCT. 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

40 St. Agnes Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

#28

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

Hoods Nursing Home, 5313 Edmondson Ave.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Unknown

8. DATE OF BIRTH

3/31/68

9. AGE (In years

last birthday)

85

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unknown

10B. KIND OF BUSINESS OR INDUSTRY

Unknown

11. BIRTHPLACE (State or foreign country)

France

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

7

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

St. Agnes Hospital Records

18. E902.7 I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) FRACTURE L. HIP - COMMINUTED FRACTURE  
 DUE TO RT. TIBIA & FIBULA - MULTIPLE FRACTURED  
 RIBS, L. TRAUMATIC SHOCK - CONUSION  
 (B) L. CHEST - ABRASION RT. KNEE  
 DUE TO  
 (C) SENILE PSYCHOSIS

1 HR 10 MINS.

CERTIFICATION APPROVED BY

II  
 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Hood Nursing Home

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

5313 EDMONDSON AVE. BALTO-29

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

10/4/53 - 8:00 P

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

FELL FROM WINDOW

22. I hereby certify that I attended the deceased from 10/4, 1953, to 10/4, 1953, that I last saw the deceased alive on 10/4, 1953, and that death occurred at 9:10 P m., from the causes and on the date stated above.

23A. SIGNATURE

Felix F. Neely

M. D.

23B. ADDRESS

301 MEDICAL ARTS BLDG

23C. DATE SIGNED

10/4/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-7, 1953

24C. NAME OF CEMETERY OR CREMATORY

Chester Rural Cem

24D. LOCATION (City, town, or county)

Chester, Delaware Pa.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

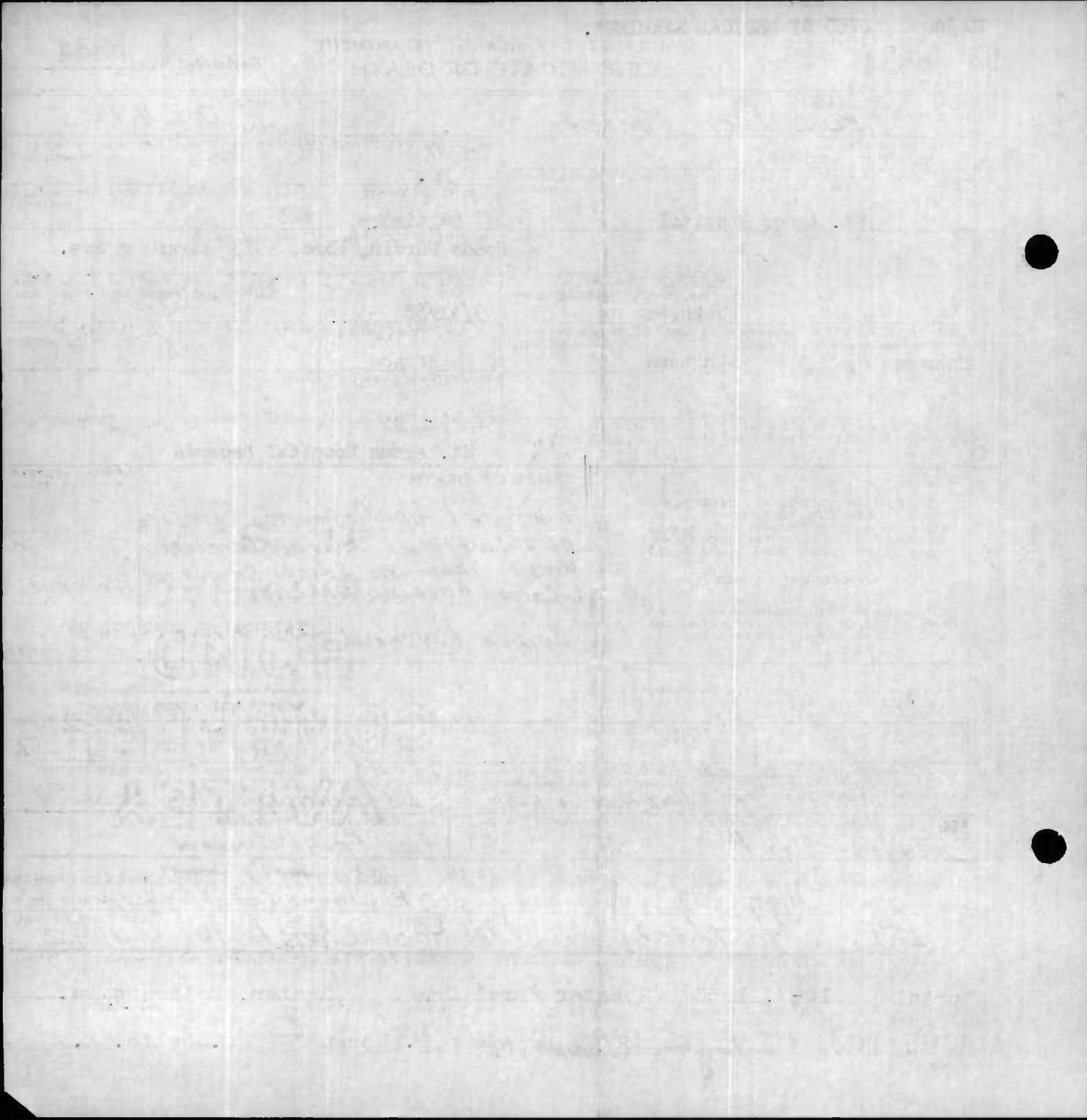
ADDRESS

OCT 5 - 1953

Huntington, William A. Moran 3000 E. Balto. St.

VS 150

N820.0



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 8855**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Vernon Garver**

2. DATE  
OF  
DEATH

**10-3-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

**Lutheran Hospital**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE **Maryland** B. COUNTY **Carroll**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Sykesville**

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Divorced**

8. DATE OF BIRTH

**1872**

9. AGE (In years last birthday)

**81**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Labourer**

10B. KIND OF BUSINESS OR INDUSTRY

**General**

11. BIRTHPLACE (State or foreign country)

**Maryland**

12. CITIZEN OF WHAT COUNTRY?

**U. S. A.**

13. FATHER'S NAME

**M. Luther Garver**

14. MOTHER'S MAIDEN NAME

**Angeline Wagner**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

**None**

17. INFORMANT

**Mrs. Bernard Gosnell, Bristowtown**

ADDRESS

18. **E903.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Skull Fracture**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Concussion of Brain**

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

**Home (outside)**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

**Sykesville, Maryland**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

**October 1, 1953**

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

**Apparently fell in back yard & struck head**

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**William W. Hight**

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

M.D.

23C. DATE SIGNED

**10-4-53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**BURIAL**

24B. DATE

**OCT. 6, 1953**

24C. NAME OF CEMETERY OR CREMATORY

**SPRINGFIELD CEM.**

24D. LOCATION (City, town, or county)

**SYKESVILLE, Md.**

DATE RECEIVED BY LOCAL REGISTRAR

**OCT 5-1953**

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**Wm. Hight**

ADDRESS

**Sykesville, Md.**

V S 151

**N-803.0**

MARGIN RESERVED FOR BINDING  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. The first part of the report is a general statement of the work done during the year.

2. The second part is a detailed account of the work done in each of the several divisions.

3. The third part is a summary of the results of the work done during the year.

4. The fourth part is a list of the publications issued during the year.

5. The fifth part is a list of the names of the persons who have been employed during the year.

6. The sixth part is a list of the names of the persons who have been employed during the year.

7. The seventh part is a list of the names of the persons who have been employed during the year.

8. The eighth part is a list of the names of the persons who have been employed during the year.

9. The ninth part is a list of the names of the persons who have been employed during the year.

10. The tenth part is a list of the names of the persons who have been employed during the year.

11. The eleventh part is a list of the names of the persons who have been employed during the year.

12. The twelfth part is a list of the names of the persons who have been employed during the year.

13. The thirteenth part is a list of the names of the persons who have been employed during the year.

14. The fourteenth part is a list of the names of the persons who have been employed during the year.

15. The fifteenth part is a list of the names of the persons who have been employed during the year.

16. The sixteenth part is a list of the names of the persons who have been employed during the year.

17. The seventeenth part is a list of the names of the persons who have been employed during the year.

18. The eighteenth part is a list of the names of the persons who have been employed during the year.

19. The nineteenth part is a list of the names of the persons who have been employed during the year.

20. The twentieth part is a list of the names of the persons who have been employed during the year.

21. The twenty-first part is a list of the names of the persons who have been employed during the year.

22. The twenty-second part is a list of the names of the persons who have been employed during the year.

23. The twenty-third part is a list of the names of the persons who have been employed during the year.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8856 Registered No. 53 8856

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Mary (Mamie) Farrell*

2. DATE  
OF  
DEATH

*10/3/53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Maryland*

*Baltimore*

B. FULL NAME OF (If not in hospital or institution, give street address or location)

*Mercy Hospital Inc.*

C. CITY OR TOWN

*Baltimore*

D. STREET ADDRESS (If rural, give location)

*514 Windwood Road*

C. Length of stay in Baltimore

*Life*

Yrs.  
Mos.  
Days

5. SEX

*F*

6. COLOR OR RACE

*W*

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

*Single*

8. DATE OF BIRTH

*10/29/64*

9. AGE (In years last birthday)

*88*

If Under 1 Year  
Months Days

If Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*None Retired*

10B. KIND OF BUSINESS OR INDUSTRY

*Grandchild*

11. BIRTHPLACE (State or foreign country)

*Maryland*

12. CITIZEN OF WHAT COUNTRY?

*USA*

13. FATHER'S NAME

*Peter Farrell*

14. MOTHER'S MAIDEN NAME

*Mary Egan*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

*No*

16. SOCIAL SECURITY NO.

17. INFORMANT

*Van A. Penn Sr. 514 Windwood Rd. Balto. Co.*

18. *4 yr. 1 and 9 mo. 0* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

*Generalized arteriosclerotic cardiovascular disease*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, WHICH RISE TO THE ABOVE CAUSE OR WHICH ARE UNDERLYING CONDITIONS.

(B)

DUE TO

*M. B.*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*CERTIFICATION APPROVED BY G. D. Fisher, M.D. ASSIST. MEDICAL EXAMINER.*

*Fracture of left arm  
Food Intoxication & Fluid Imbalance*

19A. DATE OF OPERATION

*9/8/53*

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

*Fracture Left Radius*

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

*Home*

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

*514 Windwood Road*

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

*9 8 53 7<sup>30</sup> P. M.*

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

*Fell from back porch*

22. I hereby certify that I attended the deceased from *10/2*, 19*53*, to *10/3*, 19*53*, that I last saw the deceased alive on *10/3*, 19*53*, and that death occurred at *7<sup>15</sup> P. M.*, from the causes and on the date stated above.

23A. SIGNATURE

*Thomas L. Jones, M.D.*

23B. ADDRESS

*Mercy Hospital*

23C. DATE SIGNED

*10/3/53*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*10/6/53*

24C. NAME OF CEMETERY OR CREMATORY

*Cathedral*

24D. LOCATION (City, town, or county)

*Balto. Md.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

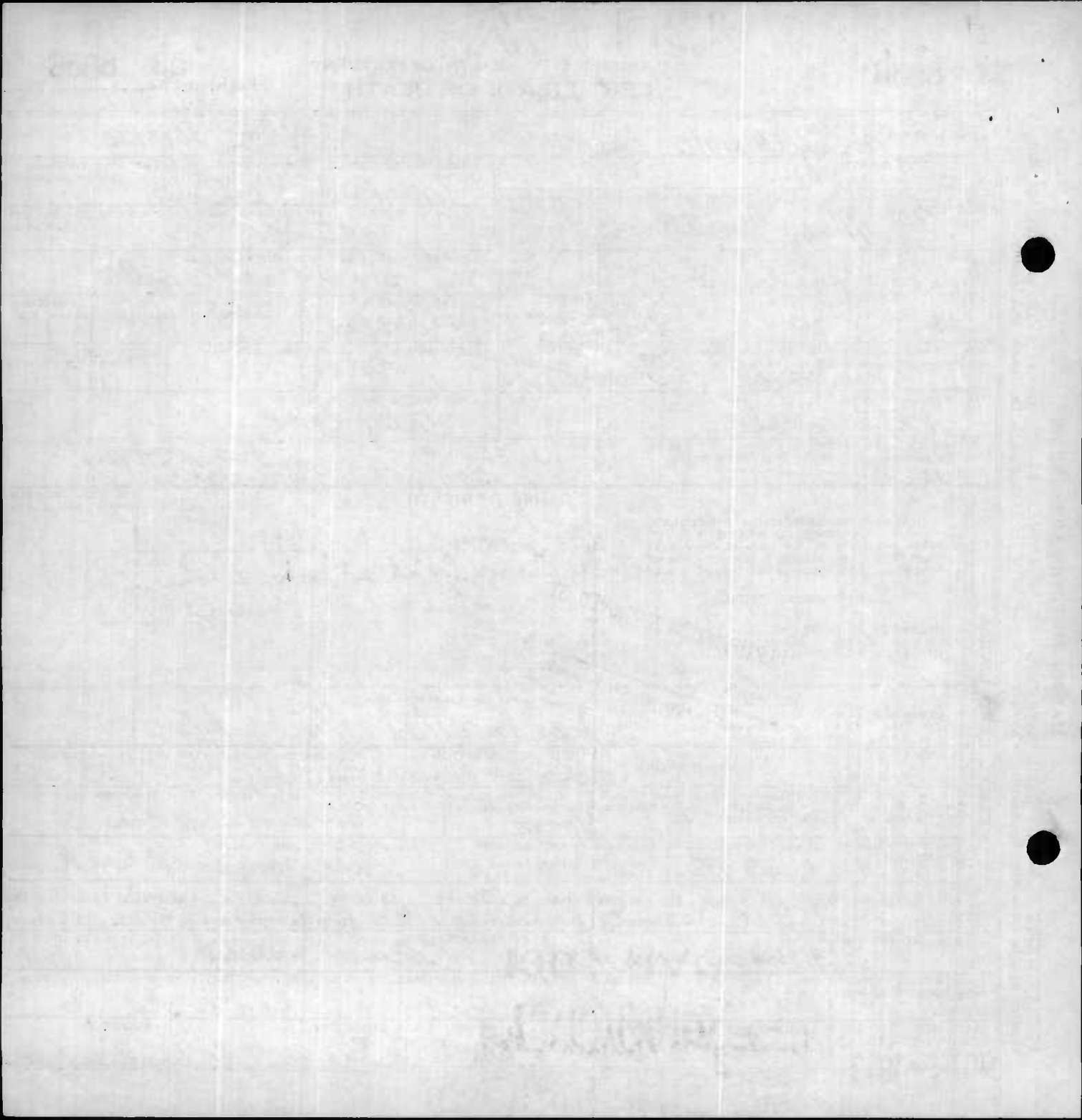
25. FUNERAL DIRECTOR

*Box 1217 St. Paul St.*

OCT 5 - 1953

VS 150

*N 813.0*



CERTIFICATE CORRECTED

10-7-53

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 53 8857

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

STAUFFER, IVAN E. Eltinge

2. DATE  
OF  
DEATH

10/4/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

University Hosp.

C. CITY OR TOWN

(If outside corporate limits, write R.U.R., and give township)

Baltimore 27-10

D. STREET ADDRESS (If rural, give location)

806 McCabe Ave

c. Length of stay in Baltimore

10 YRS.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1/24/922

9. AGE (In years last birthday)

27-31

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CLERK

10B. KIND OF BUSINESS OR INDUSTRY

RETAIL

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

Marion Stauffer

14. MOTHER'S MAIDEN NAME

Ada MAZIE KAUFFMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

216-18-9430

17. INFORMANT

MRS. MAZIE I. STAUFFER

ADDRESS

ABOVE

18. 193X

CAUSE OF DEATH

I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Brain Tumor  
(cystic glioma)

INTERVAL BETWEEN ONSET AND DEATH

5 yrs

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/3/53

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Brain Tumor

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/2, 1953 to 10/4, 1953, that I last saw the deceased alive on 10/4, 1953, and that death occurred at 6:20 A. M., from the causes and on the date stated above.

23A. SIGNATURE

John B. Codrington

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

10/4/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

10-7-1953

24C. NAME OF CEMETERY OR CREMATORY

WESTMINISTER

24D. LOCATION (City, town, or county) (State)

WESTMINISTER MD.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 5-1953

REGISTRAR'S SIGNATURE

Huntington Williams

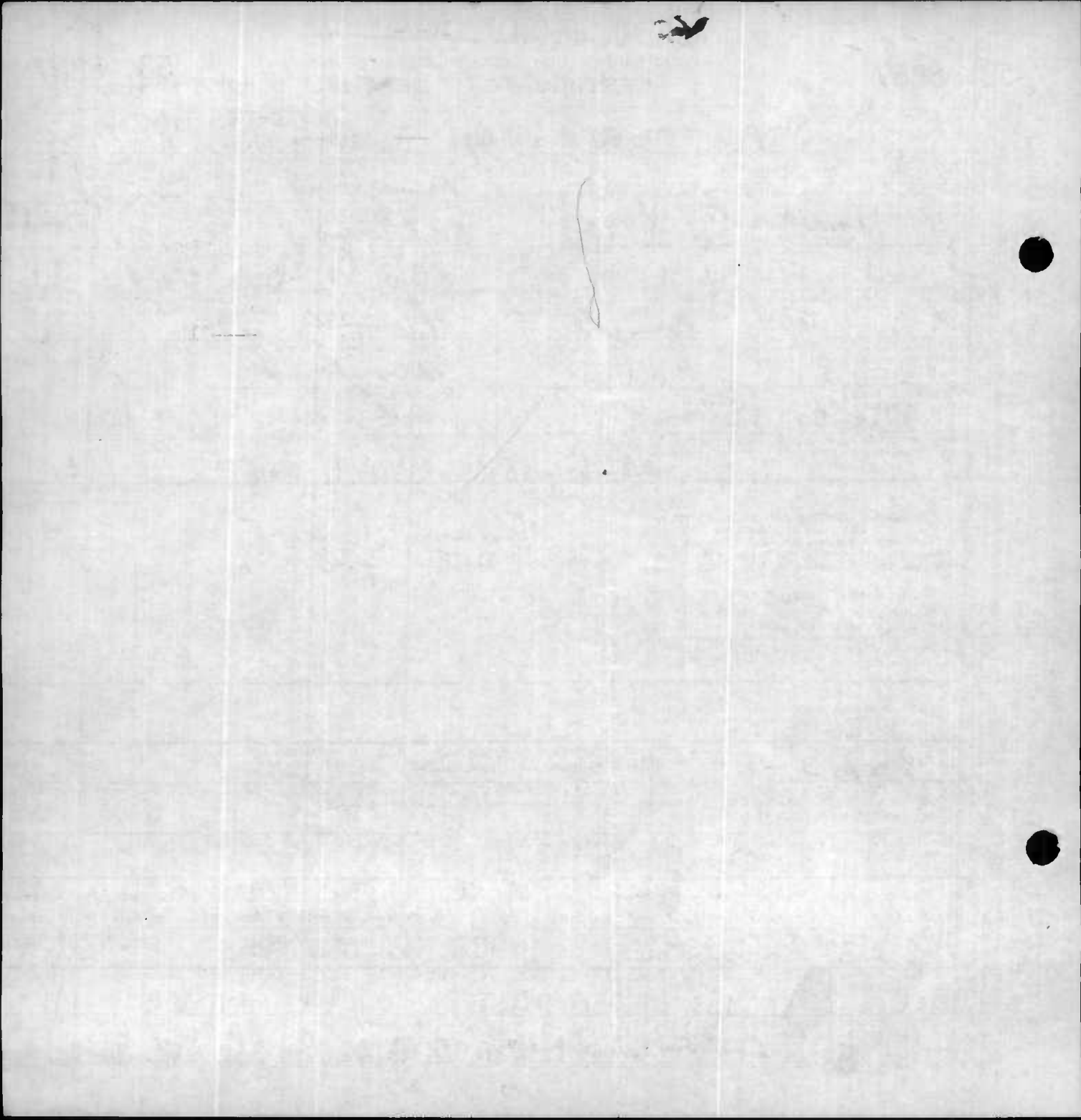
25. FUNERAL DIRECTOR

HAWKINS &amp; SONS CO. 4905 YORK RD

ADDRESS

VS 150

39099



|   |                  |  |   |  |   |
|---|------------------|--|---|--|---|
| L-520   |                  | BALTIMORE CITY HEALTH DEPARTMENT   |   | 53 8858  |   |
| 8858  |                  | CERTIFICATE OF DEATH   |   | Registered No.   |   |
| RTH NO.   |                  | NAME OF DECEASED<br>(Type or Print)  |   | 2. DATE OF DEATH   |   |
|   |                  | Robert F. R. Long  |   | 10-3-53  |   |
| PLACE OF DEATH:<br>Baltimore City, Maryland   |                  | 3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)                  |   |  |   |
| Baltimore   |                  | A. STATE Md. B. COUNTY   |   |  |   |
| FULL NAME OF DECEASED<br>(If not in hospital or institution, give street address or location)   |                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)                           |   |  |   |
| 724 N. Linwood Ave  |                  | Baltimore - Md   |   |  |   |
| Length of stay in Baltimore   |                  | D. STREET ADDRESS (If rural, give location)  |   |  |   |
| Life  |                  | 724 N. Linwood Ave   |   |  |   |
| SEX   | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  | 8. DATE OF BIRTH                          | 9. AGE (In years last birthday)  | If Under 1 Year Months: Days  |
| M   | W.               | married  | 12-22-93                                  | 60   |   |
| A. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)  |                  | 10B. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY?   |   |
| Retired   |                  | Baker  | Baltimore - Md.                           | U.S.A.   |   |
| FATHER'S NAME   |                  | 14. MOTHER'S MAIDEN NAME   |   |  |   |
| Unknown   |                  | Unknown  |   |  |   |
| WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)   |                  | 16. SOCIAL SECURITY NO.  | 17. INFORMANT ADDRESS                     |  |   |
|   |                  |  | May Long - wife - same                    |  |   |
| 18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)             |                  | CAUSE OF DEATH   |   | INTERVAL BETWEEN ONSET AND DEATH   |   |
|   |                  | Coronary Thrombosis  |   |  |   |
| ANTECEDENT CAUSES   |                  | (A) DUE TO   |   |  |   |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |                  | (B) DUE TO   |   |  |   |
|   |                  | (C) DUE TO   |   |  |   |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                  |  |   |  |   |
| 19A. DATE OF OPERATION  |                  | 19B. MAJOR FINDINGS OF OPERATION   |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|   |                  |  |   |  |   |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>   |                  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |   | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |   |
|   |                  |  |   |  |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21F. HOW DID INJURY OCCUR?   |   |
|   |                  |  |   |  |   |
| 22. I hereby certify that I attended the deceased from June 1952 to 10/3, 1953 that I last saw the deceased alive on Sept 1953, and that death occurred at 3:00 a.m., from the causes and on the date stated above. |                  |  |   |  |   |
| 23A. SIGNATURE  |                  | 23B. ADDRESS   |   | 23C. DATE SIGNED   |   |
| [Signature]   |                  | 3400 E. Durham Ave   |   | 10/5/53  |   |
| A. BURIAL, CREMATION, REMOVAL (Specify)   |                  | 24B. DATE  | 24C. NAME OF CEMETERY OR CREMATORY        | 24D. LOCATION (City, town, or county)                                    | (State)   |
| Burial  |                  | 10-6-53  | Baltimore                                 | Baltimore  | Md  |
| TE RECEIVED BY  |                  | REGISTRAR'S SIGNATURE  | 25. FUNERAL DIRECTOR ADDRESS              |  |   |
| [Signature]   |                  | Thurston, William  | 500 4th St                                |  |   |

STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

1898

*[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]*



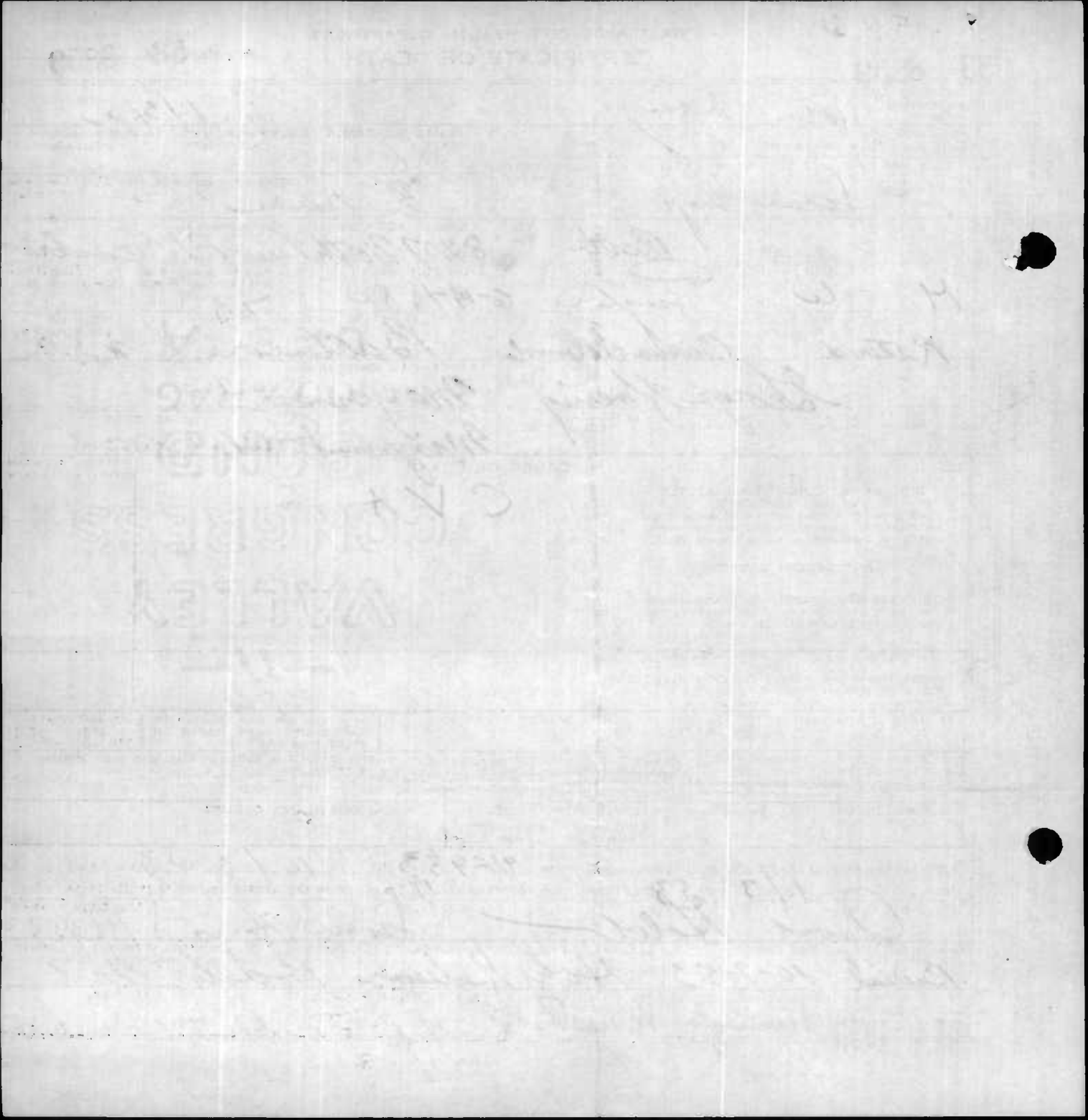
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **58-8859**K-520  
53-8859

|   |                              |   |   |  |  |
|---|------------------------------|---|---|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>John Koenig</i>   |                              |   | 2. DATE OF DEATH<br><i>10/3/53</i>  |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                              |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>MD.</i> B. COUNTY <i>Baltimore</i> |  |  |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>Lincoln Hosp.</i>   |                              |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore 5353</i>                                   |  |  |
| c. Length of stay in Baltimore <i>13 dts</i>  |                              |   | D. STREET ADDRESS (If rural, give location)<br><i>8207 North View Rd. Dundalk</i>   |  |  |
| 5. SEX<br><i>M</i>  | 6. COLOR OR RACE<br><i>W</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Single</i>  | 8. DATE OF BIRTH<br><i>6-14-1880</i>  | 9. AGE (In years last birthday)<br><i>73</i>                             | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Retired</i> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Retired</i>   |                              | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>Overseas Clerk</i>  |   | 11. BIRTHPLACE (State or foreign country)<br><i>Baltimore</i>            | 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.A.</i>  |
| 13. FATHER'S NAME<br><i>George Koenig</i>   |                              |   | 14. MOTHER'S MAIDEN NAME<br><i>Maryanna - ?</i>   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br><i>Yes</i>  |                              | 16. SOCIAL SECURITY NO.   |   | 17. INFORMANT<br><i>Maryanna Dodson - same</i>                           |  |
| 18. <i>331X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>CAUSE OF DEATH<br><i>CVA</i>                                  |                              |   |   |  | INTERVAL BETWEEN ONSET AND DEATH   |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>DUE TO<br>(B)<br>(C)  |                              |   |   |  |  |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                              |   |   |  |  |
| 19A. DATE OF OPERATION<br><i>0</i>  |                              | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |   | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   |                              | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |   | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                              | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <i>9/29/53</i> , 19 <i>53</i> , to <i>10/3</i> , 19 <i>53</i> that I last saw the deceased alive on <i>10/3</i> , 19 <i>53</i> and that death occurred at <i>12:30</i> p.m., from the causes and on the date stated above. |                              |   |   |  |  |
| 23A. SIGNATURE<br><i>Charles Soler</i>  |                              | 23B. ADDRESS<br><i>Lincoln Hosp.</i>  |   | 23C. DATE SIGNED<br><i>10/3/53</i>                                       |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |                              | 24B. DATE<br><i>10-7-53</i>   |   | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Holy Redeemer</i>               |  |
| 24D. LOCATION (City, town, or county) (State)<br><i>Balto - Md</i>  |                              | 25. FUNERAL DIRECTOR<br><i>Huntington Williams, M.D.</i>  |   |  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>OCT 5-1953</i>   |                              | ADDRESS<br><i>403 S. Wolfe St</i>   |   |  |  |

69035



BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mr. J. Hughes Fowler

2. DATE  
OF  
DEATH

Oct 3. 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

5300 Greenhill Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

5300 Greenhill Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 13, 1890

9. AGE (In years last birthday)

63

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Paint & Body Works

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John J. Fowler

14. MOTHER'S MAIDEN NAME

Sarah Elizabeth Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Hilda L. Fowler, 5300 Greenhill

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CORONARY OCCLUSION

DUE TO

Sudden

ANTECEDENT CAUSES

(B) CORONARY ARTERIOSCLEROSIS

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY  
M. D.  
MEDICAL EXAMINER.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 - 3, 1953, to 10 - 3, 1953 that I last saw the deceased alive on dead on arrival, 19, and that death occurred at 2.30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 6 1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 5 - 1953

Huntington Williams, M.D. Leonard J. Ruck, 5305 Harford Road.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Oct 3, 1954

Mr. J. H. H. H. H.

Mr. H. H. H.

Mr. H. H. H.

Mr. H. H. H.

Mr. H. H. H.

Mr. H. H. H.

Mr. H. H. H.

Mr. H. H. H.

Mr. H. H. H.

Mr. H. H. H.

Mr. H. H. H.

Mr. H. H. H.

Mr. H. H. H.

Mr. H. H. H.

Mr. H. H. H.

Mr. H. H. H.

Mr. H. H. H.

Mr. H. H. H.

Mr. H. H. H.

Mr. H. H. H.

Mr. H. H. H.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8861

BIRTH NO. 53 8861

1. NAME OF DECEASED  
(Type or Print)

Eugene

Thomas Skinner

2. DATE  
OF  
DEATH

10-3-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Memorial Hospital

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6305 Bellona Ave.

5300

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Jan. 16, 1938

9. AGE (in years  
last birthday)

15

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Maurice E. Skinner

14. MOTHER'S MAIDEN NAME

Helen Elderkin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Maurice E. Skinner, Jr.-6305 Bellona Ave

18. E 813.4

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Crushing injury of Chest + Abdomen

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

with Rupture of Spleen + Liver

DUE TO

(C)

Rupture of Lung

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Charles St. 90' south Upnor Road 27/12

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY 10-3-53 6:40 P.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

bicycle rider struck by auto

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

10-4-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/6/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Pickens &amp; Sons

ADDRESS

Barto 17, Md.

VS 151

N 869.2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10/28/86

10/28/86

10/28/86

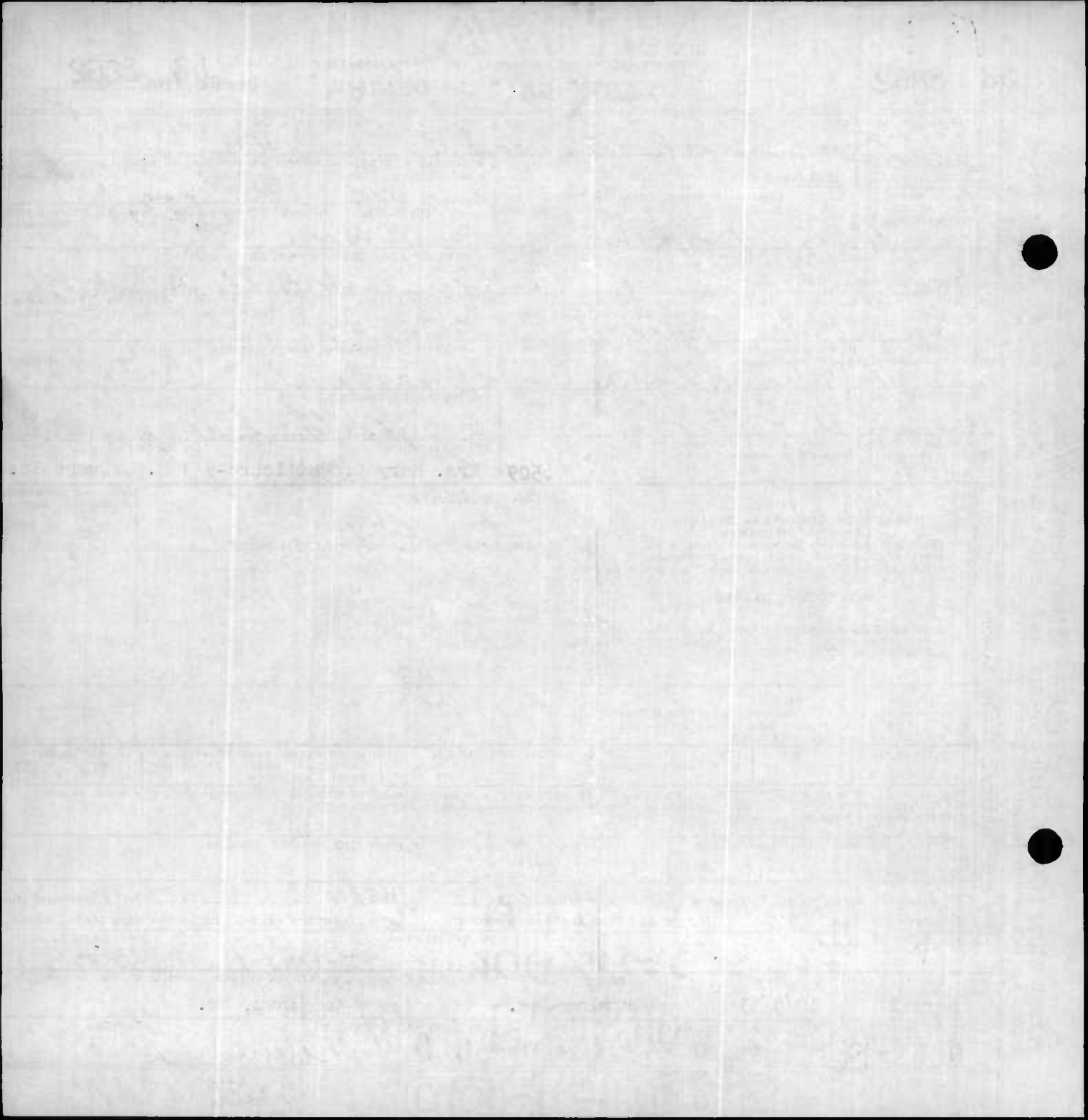
10/28/86

10/28/86









PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-600  
53 8863BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8863

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

ERNEST A. S. GRAY, SR.

2. DATE

OF DEATH OCTOBER 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1721 North Longwood Street

C. CITY OR TOWN Baltimore

D. STREET ADDRESS (If rural, give location)

1721 North Longwood Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 2, 1888

9. AGE (In years last birthday)

65

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Landscaping

10B. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

? Gray

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mr. Samuel D. Gray-1721 N. Longwood Street

18. 199.6

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastatic Spinal Neoplasia

DUE TO

5-6 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Primary lesion not found

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Renal &amp; Bladder Calculi &amp; prostate hypertrophy

19A. DATE OF OPERATION

Sat Aug 22, 1953

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Bladder Stone &amp; Prostate Hypertrophy

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1953, to Oct 2, 1953, that I last saw the deceased alive on Oct 2, 1953, and that death occurred at 8:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

October 6, 1953

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery

24D. LOCATION (City, town, or county)

Woodlawn, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

OCT 5-1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FUNERAL DIRECTOR

ADDRESS

Mr. Dickson &amp; Sons - North &amp; Penn. Aves.

Baltimore - 17, Md.

8098 80

8098 80



M-263  
53 8864BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8864

Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

FRANK D. MCCARTHY

2. DATE  
OF  
DEATH

10-4-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Maryland Gen. Hosp.

Length of stay in Baltimore

life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

5300

D. STREET ADDRESS (If rural, give location)

2701 Shudak Rd #14

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

aug 25, 1888

9. AGE (in years  
last birthday)

65

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10. USUAL OCCUPATION (Give kind of  
occupation during most of working life, even if retired)

Mountaineer

10b. KIND OF BUSINESS OR  
INDUSTRY

Leather Belting

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

USA.

FATHER'S NAME

Daniel McCarthy

14. MOTHER'S MAIDEN NAME

Elizabeth McGovern

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

no or unknown

0

16. SOCIAL  
SECURITY NO.  
216-05-0360

17. INFORMANT

Hosp.

ADDRESS

18. 156.2

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Carcinomatous  
metastatic to liver & tr  
mediastinum

(B)

DUE TO

(C)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 10-2-53, 1953, to 10-4-53, 1953, that I last saw the  
deceased alive on 10-4-53, 1953, and that death occurred at 8:45 AM., from the causes and on the date stated above.

23a. SIGNATURE

Jay Donald Heshel M.D.

23b. ADDRESS

Maryland Gen. Hosp.

23c. DATE SIGNED

10-4-53

24a. BURIAL, CREMA-  
TION, OR REMOVAL (Specify)

Burial

24b. DATE

OCT 7 1953

24c. NAME OF CEMETERY OR CREMATORY

Cathedral

24d. LOCATION (City, town, or county)

Baltimore, Md.

(State)

25. RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

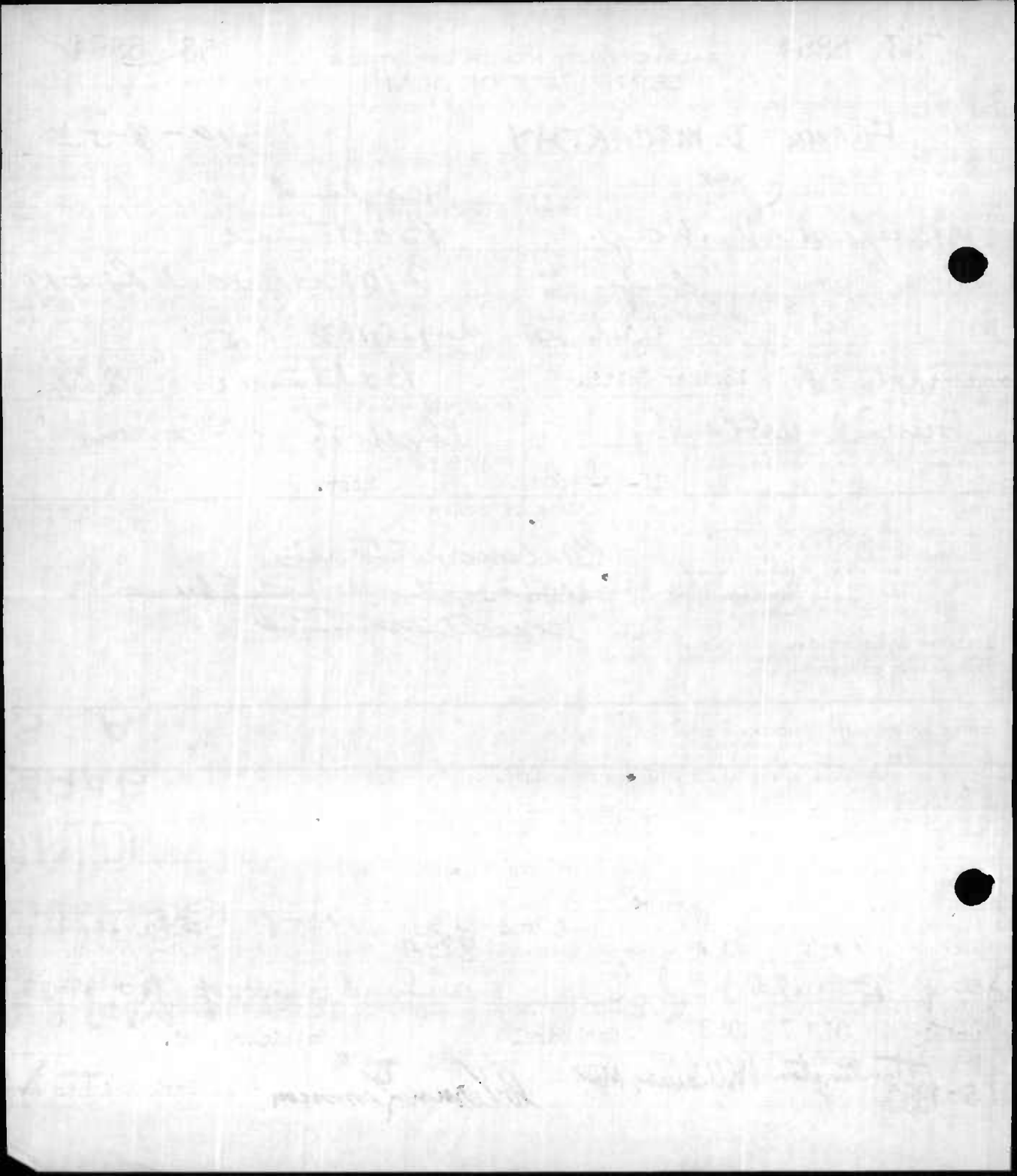
B. Lerman

ADDRESS

4611 Park Heights Ave

VS 150

0004X





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8865

BIRTH NO. 53 8865

|   |                              |   |   |  |  |
|---|------------------------------|---|---|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <u>Bertie Mae Dryden</u>   |                              |   | 2. DATE OF DEATH <u>Oct. 4, 1953</u>  |  |  |
| 3. PLACE OF DEATH:<br>A. <u>Baltimore City, Maryland</u>  |                              |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <u>Maryland</u> B. COUNTY <u>Somerset</u> |  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><u>US Public Health Service</u><br><u>Wyman Pk. Drive &amp; 31st Street</u> |                              |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><u>Marion Station</u>                                       |  |  |
| c. Length of stay in Baltimore <u>40 days</u>   |                              |   | D. STREET ADDRESS (If rural, give location)<br><u>6900</u>  |  |  |
| 5. SEX<br><u>F</u>  | 6. COLOR OR RACE<br><u>W</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>1/3/08</u>   |  | 9. AGE (In years last birthday)<br><u>45</u>                 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |                              |   | 10B. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country)<br><u>Maryland</u> |
| 13. FATHER'S NAME<br><u>Marion Dryden</u>   |                              |   | 14. MOTHER'S MAIDEN NAME<br><u>Olivia Frances Reader</u>  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><u>?</u>   |                              | 16. SOCIAL SECURITY NO.<br><u>None</u>                            | 17. INFORMANT ADDRESS<br><u>Records- US PHS Hospital, Balto, Md.</u>  |  |  |

|  |  |   |
|--|--|---|
| 18. <u>171X</u><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br>ANTECEDENT CAUSES<br><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | CAUSE OF DEATH<br><br>(A) <u>Pulmonary congestion and edema, bi-lateral, secondary to</u><br>DUE TO<br><br>(B) <u>Generalized carcinomatosis of abdomen and thorax, secondary to</u><br>DUE TO<br><br>(C) <u>Carcinoma of cervix uteri</u> | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>Recent</u><br><br><u>Unknown</u><br><br><u>Unknown</u> |
|--|--|---|

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

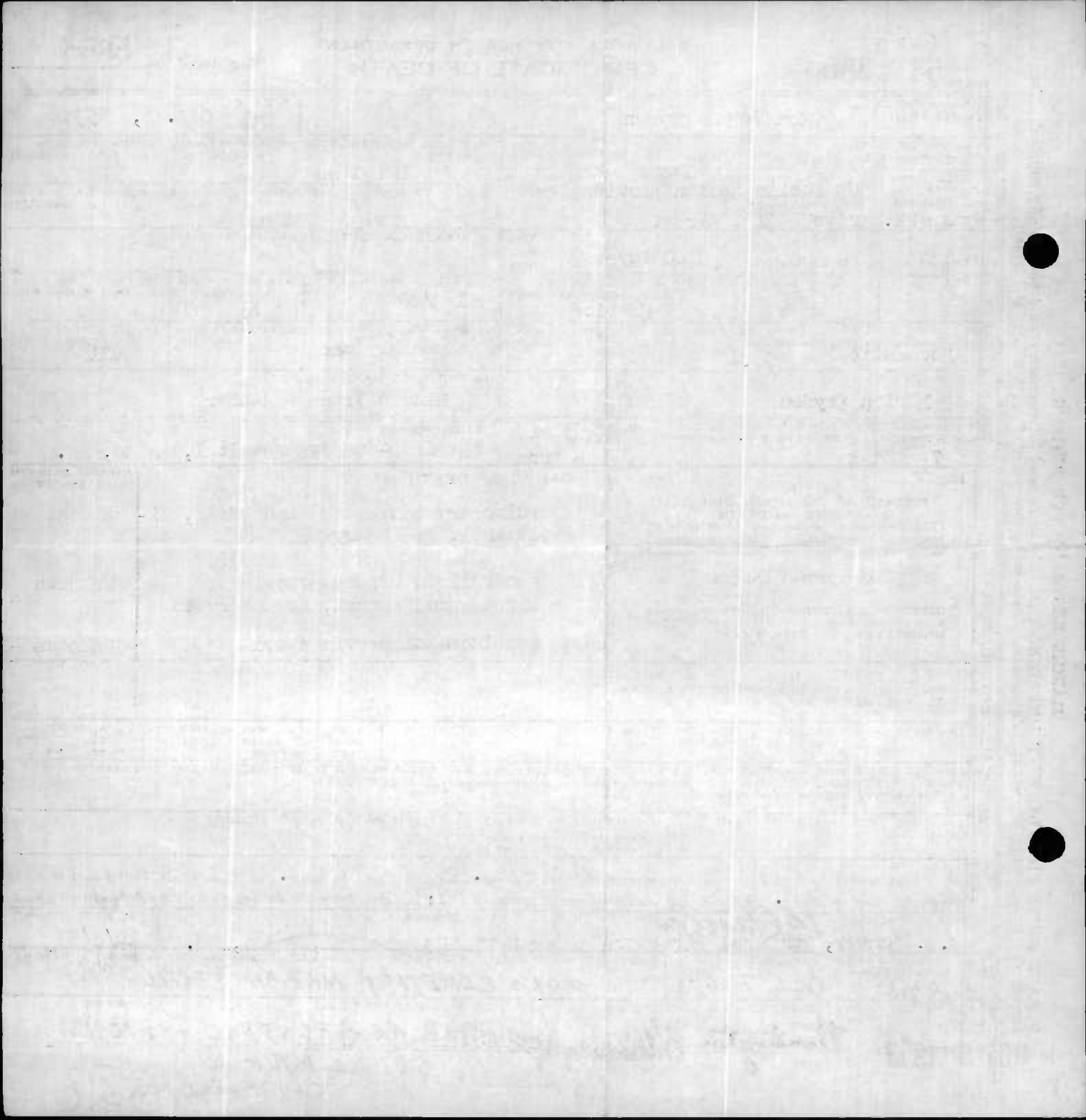
|   |   |  |   |
|---|---|--|---|
| 19A. DATE OF OPERATION<br><u>7</u>  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |   |

22. I hereby certify that I attended the deceased from Aug. 25, 1953 to Oct. 4, 1953 that I last saw the deceased alive on Oct. 4, 1953 and that death occurred at 7:30 Pm., from the causes and on the date stated above.

|  |  |                                    |
|--|--|------------------------------------|
| 23A. SIGNATURE<br><u>J. A. Hunter, Clinical Director</u> | 23B. ADDRESS<br><u>US PHS Hospital, Balto, Md.</u> | 23C. DATE SIGNED<br><u>10/5/53</u> |
|--|--|------------------------------------|

|  |                                  |  |  |
|--|----------------------------------|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u> | 24B. DATE<br><u>OCT. 7, 1953</u> | 24C. NAME OF CEMETERY OR CREMATORY<br><u>ST. PAUL'S CEMETERY</u> | 24D. LOCATION (City, town, or county) (State)<br><u>MARION STATION, MD.</u>  |
| DATE RECEIVED BY LOCAL REGISTRAR                           |                                  | REGISTRAR'S SIGNATURE<br><u>Huntington Williams</u>              | 25. FUNERAL DIRECTOR ADDRESS<br><u>BRADSHAW FUNERAL PARLORS</u><br><u>531 W. MAIN ST.</u><br><u>CRISFIELD, MD.</u> |

0015-1953



MAF-174683

M-653

53 8866

53 8866

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**Helen Moranto**2. DATE  
OF  
DEATH**Oct. 3, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)**Maryland**B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION**Baltimore City Hospitals  
4940 Eastern Ave.**C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)**Baltimore**

D. STREET ADDRESS (If rural, give location)

**802 N. Curley St. zone 5**

c. Length of stay in Baltimore

**life**

5. SEX

**Female**

6. COLOR OR RACE

**White**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

**Nov. 7, 1930**9. AGE (In years  
last birthday)**22**If Under 1 Year If Under 24 Hours  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**housewife**10B. KIND OF BUSINESS OR  
INDUSTRY**at home**

11. BIRTHPLACE (State or foreign country)

**Maryland, Baltimore**12. CITIZEN OF  
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

**John Kuhlman**

14. MOTHER'S MAIDEN NAME

**Dorothy Lang**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**B. C. K. 4940 Eastern Ave. (records)**18. **080.1**

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) **Spinal Poliomyelitis with Respiratory  
Involvement****16 days**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) **Tracheobronchitis and Atelectasis****10 days**

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-17**, 19**53**, to **10-3**, 19**53**, that I last saw the  
deceased alive on **10-3**, 19**53**, and that death occurred at **2:50 PM**, from the causes and on the date stated above.

23A. SIGNATURE

**H. J. Williams**

M. D.

23B. ADDRESS

**4940 Eastern Ave.**

23C. DATE SIGNED

**10-3-53**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)**Burial**

24B. DATE

**Oct. 6, 1953**

24C. NAME OF CEMETERY OR CREMATORY

**New Cathedral Cem.**

24D. LOCATION (City, town, or county)

**Baltimore, Md.**

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

**Schimunek Funeral Home, Inc.  
2601-3-5 E. Madison St.**

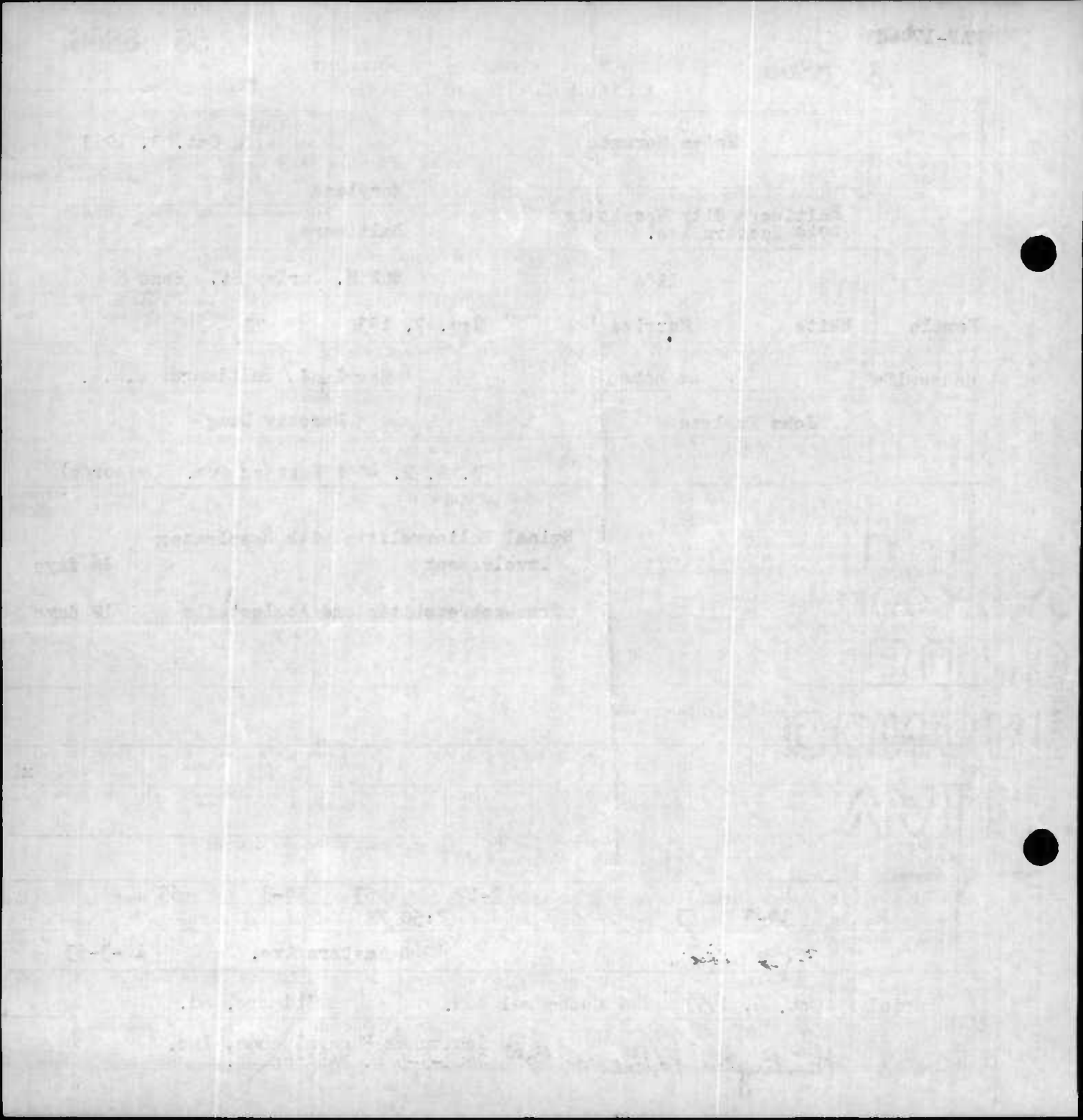
ADDRESS

**15-1953**

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8867  
Registered No.

|  |                              |  |   |  |  |
|--|------------------------------|--|---|--|--|
| B-252<br>53 8867<br>BIRTH NO.  |                              | BALTIMORE CITY HEALTH DEPARTMENT<br>CERTIFICATE OF DEATH   |   | 53 8867<br>Registered No.  |  |
| 1. NAME OF DECEASED<br>(Type or Print)<br><i>Hilda Leora Buckingham</i>  |                              |  | 2. DATE OF DEATH<br><i>10/3/53</i>  |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>Baltimore City</i>  |                              |  | 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>A. STATE <i>Maryland</i> |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>Hospital for the Women of Maryland</i>   |                              |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore 27-18</i>            |  |  |
| c. Length of stay in Baltimore <i>life</i>   |                              |  | D. STREET ADDRESS (If rural, give location)<br><i>5232 St Charles Ave</i>   |  |  |
| 5. SEX<br><i>F</i>   | 6. COLOR OR RACE<br><i>W</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>married</i>  | 8. DATE OF BIRTH<br><i>8/2/1910</i>   |  | 9. AGE (In years last birthday)<br><i>43</i>                       |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>HWY</i>  |                              |  | 11. BIRTHPLACE (State or foreign country)<br><i>Maryland</i>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><i>USA</i>                         |
| 13. FATHER'S NAME<br><i>Dixon A. Rhoten</i>  |                              |  | 14. MOTHER'S MAIDEN NAME<br><i>Turnbaugh, Frances</i>   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><i>No</i>   |                              |  | 16. SOCIAL SECURITY NO.<br><i>218-28-0757</i>   |  |  |
| 17. INFORMANT<br><i>Hilda L. Buckingham</i>  |                              |  | ADDRESS<br><i>5232 St Charles Ave</i>   |  |  |
| 18. <i>214X</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>PERIPHERAL CIRCULATORY COLLAPSE</i><br>DUE TO<br><i>INTESTINAL OBSTRUCTION</i> |                              |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>17 HR.</i><br><i>78 HR.</i> |
| 19. ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><i>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</i>  |                              |  |   |  |  |
| 19A. DATE OF OPERATION<br><i>9/29/53</i>   |                              | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED<br><i>1) UNSTERECTOMY FOR FIBROID</i><br><i>2) INTESTINAL OBSTRUCTION</i> |   | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  |                              | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                   |   | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |                              | 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK   |   | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <i>Oct. 1</i> , 1953, to <i>Oct. 3</i> , 1953, that I last saw the deceased alive on <i>Oct. 3</i> , 1953, and that death occurred at <i>7:35</i> a.m., from the causes and on the date stated above.   |                              |  |   |  |  |
| 23A. SIGNATURE<br><i>Luke M. Allen</i>   |                              | 23B. ADDRESS<br><i>Hospital for the Women of Md.</i>   |   | 23C. DATE SIGNED<br><i>OCT. 3 1953</i>                                   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>   |                              | 24B. DATE<br><i>Oct 6/53</i>   |   | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Pleasant Grove</i>              |  |
| 24D. LOCATION (City, town, or county) (State)<br><i>Boring Balt Co, Md</i>   |                              | 24E. DATE RECEIVED BY LOCAL REGISTRAR<br><i>OCT 6 - 1953</i>   |   | 24F. REGISTRAR'S SIGNATURE<br><i>Huntington Williams</i>                 |  |
| 24G. FUNERAL DIRECTOR<br><i>W. Boring Byers</i>  |                              | 24H. ADDRESS<br><i>5005 Parkville Ave</i>  |   |  |  |





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 8868**
**53 8868**  
BIRTH NO.

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Edward A A Appel</b>  |                                  | 2. DATE OF DEATH <b>Oct 2 1953</b>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>813 N Lakewood Ave</b>   |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Md</b> |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <b>50</b>   |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore 7-02</b>       |   |
| c. Length of stay in Baltimore <b>life</b>  |                                  | D. STREET ADDRESS (If rural, give location)<br><b>813 N Lakewood Ave</b>                                    |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>widow</b>   | 8. DATE OF BIRTH<br><b>July 26 1977</b>                                       |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Upholster Retired</b>   |                                  | 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore</b>   |   |
| 13. FATHER'S NAME<br><b>Edward Appel</b>  |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Mary ?</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)  |                                  | 16. SOCIAL SECURITY NO.   |   |
| 17. INFORMANT<br><b>Philip Appel 3816 Yoland Road</b>   |                                  | ADDRESS   |   |
| 18. <b>420.1 I</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>cerebral thrombosis</b><br>DUE TO (A) <b>arteriosclerosis - generalized</b><br>DUE TO (B) <b>coronary artery disease</b><br>DUE TO (C) <b>Hypertension</b> |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 Mo.</b><br><b>3 yrs.</b><br><b>?</b> |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                                  |   |   |
| 19A. DATE OF OPERATION <b>0</b>   |                                  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |   |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   |                                  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                    |   |
| 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?  |                                  | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |   |
| 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK  |                                  | 21F. HOW DID INJURY OCCUR?  |   |
| 22. I hereby certify that I attended the deceased from <b>3/20 1950</b> , to <b>10/2 1953</b> , that I last saw the deceased alive on <b>7/10 1953</b> , and that death occurred at <b>645 P. M.</b> , from the causes and on the date stated above.  |                                  |   |   |
| 23A. SIGNATURE<br><b>Louis F. Klimes</b>  |                                  | 23B. ADDRESS<br><b>2623 E. Monument St</b>  |   |
| 23C. DATE SIGNED<br><b>10/5/53</b>  |                                  |   |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Buried</b>  |                                  | 24B. DATE<br><b>Oct 8 1953</b>  |   |
| 24C. NAME OF CEMETERY OR CREMATORY<br><b>Parkwood Cemetery</b>  |                                  | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore</b>   |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 6 - 1953</b>   |                                  | REGISTRAR'S SIGNATURE<br><b>Huntington Williams, M.D.</b>   |   |
| 25. FUNERAL DIRECTOR<br><b>W. H. H. Funeral Home</b>  |                                  | ADDRESS<br><b>4210 Belair Road</b>  |   |

8000 50

1000 200

1000 200

WALLER

CHAMBERLAIN

1000 200

1000 200

1000 200

1000 200

1000 200

5-355.  
53 8869BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8869

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Nathan

2. DATE  
OF  
DEATH

Oct 5 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN

If outside corporate limits, write RURAL and give township)

Baltimore 15-12

D. STREET ADDRESS (If rural, give location)

3526 Overview Road

c. Length of stay in Baltimore

45

Yrs.  
Mos.  
Days

5. SEX

Male white

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widower

8. DATE OF BIRTH

April 18 1880 73

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

clerk

10B. KIND OF BUSINESS OR INDUSTRY

Dept store

11. BIRTHPLACE (State or foreign country)

New York City

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 3740

Louis Seidenman

Columbus

18. 422.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) acute Cardiac Disturbance

DUE TO

1 day

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Chronic Myocarditis

1 year

(C) General arteriosclerosis

3 years

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5, 1951, to 10/5, 1953, that I last saw the deceased alive on 10/5, 1953, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

223mby

23B. ADDRESS

2310 Emden Rd

23C. DATE SIGNED

10/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct 7/53

24C. NAME OF CEMETERY OR CREMATORY

Brari Israel Cmt

24D. LOCATION (City, town, or county)

Southernware

DATE RECEIVED BY

OCT 8 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sal Levinson &amp; Bros W North

ADDRESS 1124

8-285

10/28/20

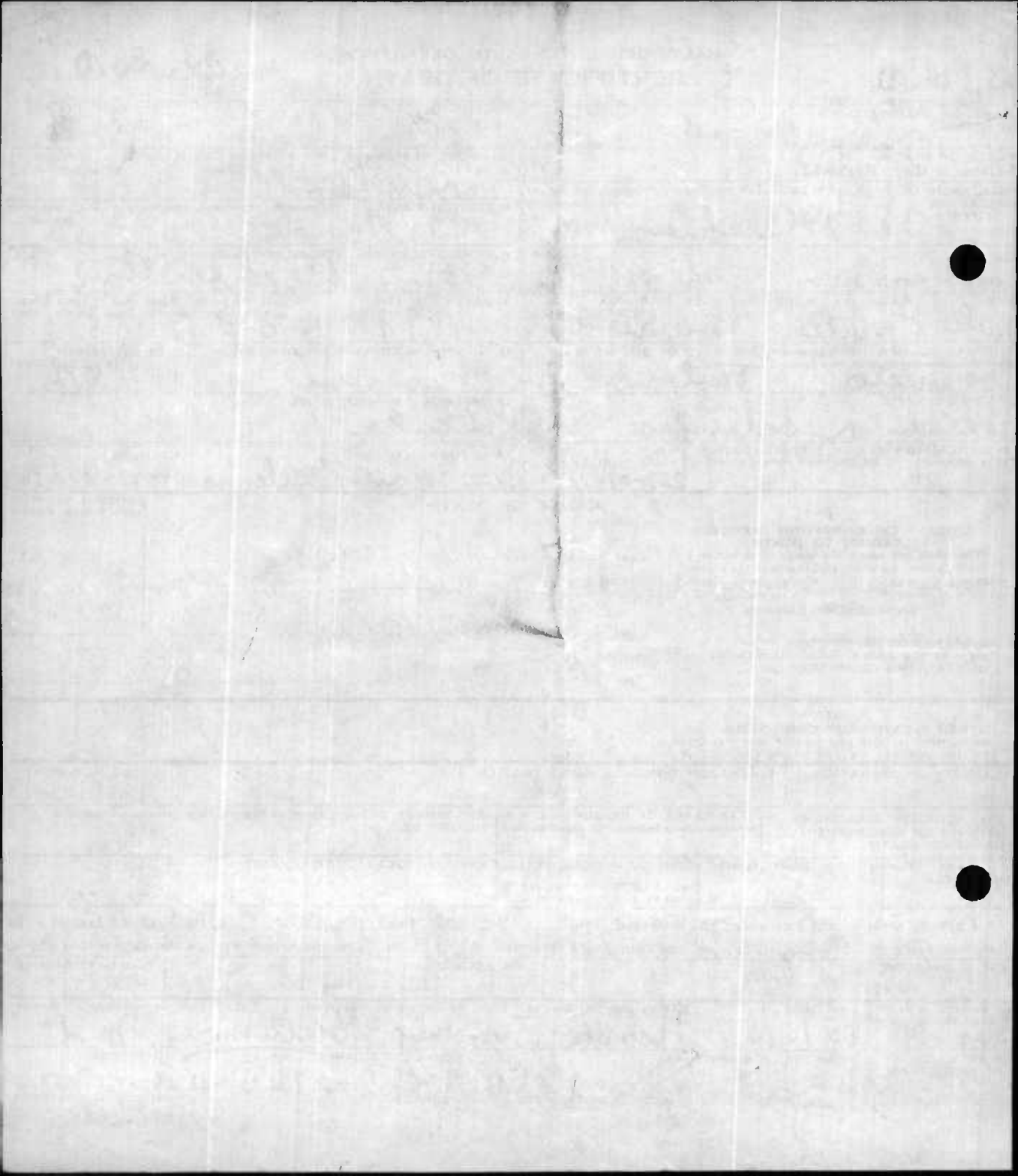


R-245  
53 8870  
IRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8870

|   |                                  |  |   |  |  |
|---|----------------------------------|--|---|--|--|
| NAME OF DECEASED<br>(Type or Print) <b>JACOB KESELENKO</b>  |                                  |  | 2. DATE OF DEATH<br><b>10-5-53</b>  |  |  |
| PLACE OF DEATH:<br><b>Baltimore City, Maryland</b>  |                                  |  | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY |  |  |
| FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><b>3827 Beehler Ave</b>   |                                  |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore 28-31</b>                      |  |  |
| Length of stay in Baltimore <b>42 yrs.</b>  |                                  |  | D. STREET ADDRESS (If rural, give location)<br><b>3827 Beehler Ave</b>  |  |  |
| SEX<br><b>Male</b>  | 6. COLOR OF RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>                                      | 8. DATE OF BIRTH<br><b>1899</b>   |  | 9. AGE (In years last birthday)<br><b>54</b> |
| A. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)<br><b>Proprietor</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Tailor Shop</b>  | 11. BIRTHPLACE (State or foreign country)<br><b>Russia</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |
| FATHER'S NAME<br><b>Joseph Keselenko</b>  |                                  |  | 14. MOTHER'S MAIDEN NAME<br><b>Paula ?</b>  |  |  |
| WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><b>no or unknown</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>227-01-0152</b>  | 17. INFORMANT ADDRESS<br><b>Mrs Sophie Keselenko - 3827 Beehler Ave.</b>  |  |  |
| 18. <b>162X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>BRONCHIOGENIC CARCINOMA</b><br>DUE TO<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                                  |  | CAUSE OF DEATH<br><b>BRONCHIOGENIC CARCINOMA</b><br>DUE TO<br>INTERVAL BETWEEN ONSET AND DEATH                              |  |  |
| 19a. DATE OF OPERATION<br><b>0</b>  |                                  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH   |                                  | 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              |   | 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                                  | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK HOT WHILE <input type="checkbox"/> AT WORK |   | 21f. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>May 15, 1953</b> , to <b>Oct 5, 1953</b> , that I last saw the deceased alive on <b>Oct 5, 1953</b> , and that death occurred at <b>1 P. m.</b> , from the causes and on the date stated above.   |                                  |  |   |  |  |
| 23a. SIGNATURE<br><b>Jerome Gaber</b>   |                                  | 23b. ADDRESS<br><b>1104 E Caldespring Lane</b>   |   | 23c. DATE SIGNED<br><b>10-5-53</b>                                       |  |
| A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 24b. DATE<br><b>10/6/53</b>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Hebrew Friendship</b>           |  |
| 24d. LOCATION (City, town, or county) (State)<br><b>Baltimore, Md</b>   |                                  | 25. FUNERAL DIRECTOR<br><b>William M. Sel. Robinson</b>  |   | ADDRESS<br><b>Box - 1124-26 W. North Ave.</b>                            |  |
| TE RECEIVED BY<br>CAL REGISTRAR<br><b>OCT 6 - 1953</b>  |                                  | VS 150<br><b>5906 E</b>  |   |  |  |





53 8871

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8871

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Addison Elburnth Johnson

2. DATE  
OF  
DEATH

10-3-53

3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

39 Provident Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give  
township)

Balt

14-03

D. STREET ADDRESS (If rural, give location)

1935 Madison Ave

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10 Under 1 Year  
Months: Days  
11 Under 24 Hours  
Hours: Min.

m

e

m

10-17-1903

50

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

insurance

agent

Balt. Md

U.S.

13. FATHER'S NAME

Addison Johnson

14. MOTHER'S MAIDEN NAME

Annie Elbert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Maude E. Johnson - 1935 Madison

18.

442X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Hypertensive cardio-vascular -  
DUE TO renal disease

18 years

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

None

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 21 Sept. 1953, to 3 October, 1953, that I last saw the  
deceased alive on 3 Oct., 1953, and that death occurred at 12:49 p. m., from the causes and on the date stated above.

23A. SIGNATURE

James D. Carr

M. D.

23B. ADDRESS

1427 Madison Ave

23C. DATE SIGNED

10.5.53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10-7-53

Arbutus

Balt. Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 6 - 1953

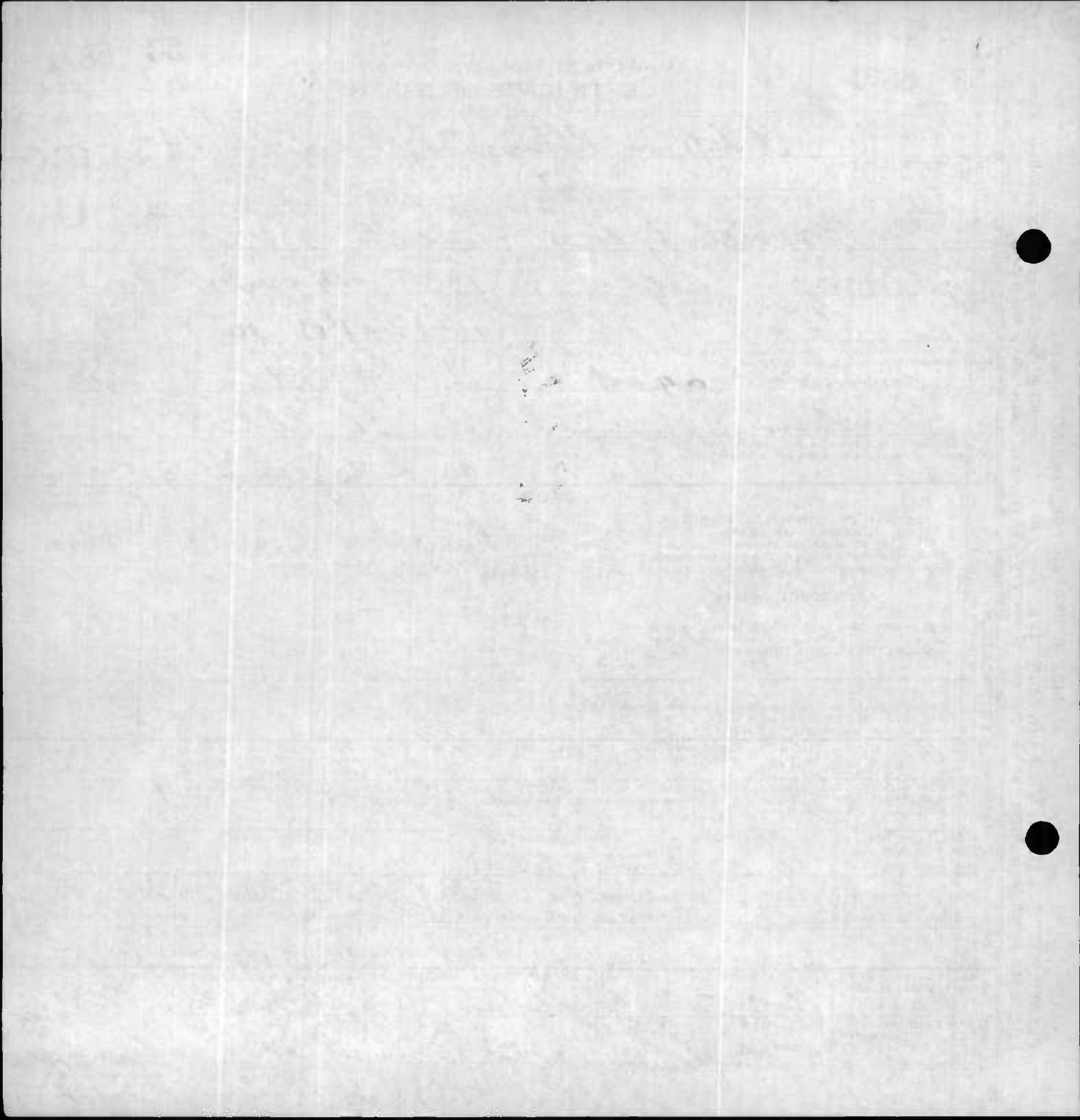
Huntington Williams

Samuel W. Sullwagner

VS 150

45073

1011 Y Arlington Ave



W-252

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8872

53 8872  
BIRTH NO.

|   |                           |  |   |   |   |
|---|---------------------------|--|---|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <i>John Herbert Washington</i>   |                           |  | 2. DATE OF DEATH <i>10-3-53</i>   |   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                           |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>md</i><br>B. COUNTY <i>18-03</i> |   |   |
| 5. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <i>So. Balto. Genl. Hosp</i>  |                           |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>   |   |   |
| c. Length of stay in Baltimore <i>Life</i>  |                           |  | D. STREET ADDRESS (If rural, give location) <i>1101 Booth St</i>  |   |   |
| 5. SEX <i>m</i>   | 6. COLOR OR RACE <i>C</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>m</i>   | 8. DATE OF BIRTH <i>June 30/1909-44</i>   |   | 9. AGE (In years last birthday) <i>44</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chauffeur</i>  |                           | 10b. KIND OF BUSINESS OR INDUSTRY <i>Poultry</i>   | 11. BIRTHPLACE (State or foreign country) <i>Balto. Md</i>  |   | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>  |
| 13. FATHER'S NAME <i>John Washington</i>  |                           |  | 14. MOTHER'S MAIDEN NAME <i>Sallie Blake</i>  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  |                           | 16. SOCIAL SECURITY NO. <i>216-03-5359</i>   | 17. INFORMANT ADDRESS <i>Mary Washington 1401 Booth</i>   |   |   |
| 18. <i>163x</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>CARCINOMA, RT LUNG</i>                 |                           |  | INTERVAL BETWEEN ONSET AND DEATH <i>1 YEAR</i>  |   |   |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><i>HEMORRHAGE FROM LUNG</i>   |                           |  |   |   |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                           |  |   |   |   |
| 19a. DATE OF OPERATION <i>0</i>   |                           | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   |   | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II          |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>   |                           |  |   |   |   |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   |                           | 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              |   | 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?        |   |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR?  |   |
| 22. I hereby certify that I attended the deceased from <i>16th JULY, 1953</i> to <i>2nd OCT, 1953</i> , that I last saw the deceased alive on <i>2nd OCT, 1953</i> , and that death occurred at <i>7:00 Am.</i> , from the causes and on the date stated above. |                           |  |   |   |   |
| 23. SIGNATURE <i>James E. J. Hughes</i>   |                           | 23a. ADDRESS <i>104 W. MADISON</i>   |   | 23c. DATE SIGNED <i>10/3/53</i>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>   |                           | 24b. DATE <i>10-6-53</i>   |   | 24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cem</i>                        |   |
| 24d. LOCATION (City, town, or county) (State) <i>Balto Md</i>   |                           |  |   |   |   |
| DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 6-1953</i>  |                           | REGISTRAR'S SIGNATURE <i>Huntington Williams</i>   |   | 25. FUNERAL DIRECTOR ADDRESS <i>Samuel W. Sullivan Jr 1011 N. Arlington Ave</i> |   |

5028 83

5028 83



**CERTIFICATE CORRECTED ON WRITTEN ORDER FROM DR. RUSSELL S. FISHER,**  
**Chief Medical Examiner - State of Maryland**  
 11/3/53

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. **53 8873****53 8873**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**ANNIE HAMMOND**2. DATE  
OF  
DEATH**10/2/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

**MARYLAND**B. FULL NAME OF (If not in hospital or institution, give street address or  
location)HOSPITAL OR  
INSTITUTION**MERCY Hosp. Inc.**C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)**BALTIMORE**

D. STREET ADDRESS (If rural, give location)

**1309 MOSHER ST.**

C. Length of stay in Baltimore

**68**Yrs.  
Mo.  
Ds.

5. SEX

**F**

6. COLOR OR RACE

**BLACK**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)**WIDOWED**

8. DATE OF BIRTH

**8/1/85**9. AGE (In years  
last birthday)**68**If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**MAID**10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

**MARYLAND**12. CITIZEN OF  
WHAT COUNTRY?**USA**

13. FATHER'S NAME

**JACOB MURRAY**

14. MOTHER'S MAIDEN NAME

**ANNIE R. BLAKE**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)**NO**16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**DECEASED**

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

**FAT EMBOLISM OF BRAIN**

(A) DUE TO

**CEPHALIC THROMBOSIS****FRACTURE OF LEFT HIP**

(B) DUE TO

**ARTERIO-SCLEROSIS / GENERALIZED**

CERTIFICATION APPROVED BY

**R. S. Fisher M.D.**

CHIEF OR ASST. MEDICAL EXAMINER.

INTERVAL BETWEEN  
ONSET AND DEATH**3 DAYS**OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☒ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)**Drug & Chemical Co.**21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?**1300 Race Street**21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY**10/10/52 10:50 a.m.**

21E. INJURY OCCURRED

WHILE AT  
WORK ☒NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

**Slipped and fell to floor**22. I hereby certify that I attended the deceased from **Sept. 22, 1953** to **Oct. 2, 1953** that I last saw the  
deceased alive on **10/2/53**, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**James R. Trope**

M. D.

23B. ADDRESS

**1632 Kingsway Rd. Baltimore, Md.**

23C. DATE SIGNED

**10/2/53**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)**Burial**

24B. DATE

**10/6/53**

24C. NAME OF CEMETERY OR CREMATORY

**Mt Calvary Ch.**

24D. LOCATION (City, town, or county)

**A. A. Co., Md**

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR**OCT 6 - 1953**

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**L. Brown & Co**

ADDRESS

**720 FA 108 W Montgomery St**

See directive in Document file.



PLEASE WRITE PLAIN, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

G-152

53 8874

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8874  
Registered No.

BIRTH NO.

|   |                                    |  |   |  |  |
|---|------------------------------------|--|---|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Charles Given's</i>   |                                    |  | 2. DATE OF DEATH <i>10-3-53</i>   |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                    |  | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <i>Maryland</i> B. COUNTY |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>Provident Hospital</i>  |                                    |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i>                            |  |  |
| c. Length of stay in Baltimore  |                                    |  | D. STREET ADDRESS (If rural, give location)<br><i>1608 Pennsylvania Ave.</i>  |  |  |
| 5. SEX<br><i>Male</i>   | 6. COLOR OR RACE<br><i>Colored</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Single</i> | 8. DATE OF BIRTH<br><i>Jan. 28, 1914</i>  | 9. AGE (In years last birthday)<br><i>39</i> | If Under 1 Year Months: Days If Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Laborer</i> |                                    | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>Contractor</i>           | 11. BIRTHPLACE (State or foreign country)<br><i>Baltimore, Md.</i>  |  | 12. CITIZEN OF WHAT COUNTRY?                               |
| 13. FATHER'S NAME<br><i>George A. Given's</i>   |                                    |  | 14. MOTHER'S MAIDEN NAME<br><i>Rosie Smith</i>  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)      |                                    | 16. SOCIAL SECURITY NO.<br><i>1608 Penna. Ave.</i>               |   |  |  |

18. *E982X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Multiple stab wounds of*  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Chest & Abdomen*  
DUE TO

(C) *Massive intra Thoracic Hemorrhage*  
DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|---|

|   |   |   |
|---|---|---|
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><i>sidewalk</i>      | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)<br><i>1400 block Pennsylvania Avenue</i> |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY<br><i>10-3-53 7:30 P.</i>   | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21F. HOW DID INJURY OCCUR?<br><i>stabbed during altercation</i>   |

22. I certify that I took charge of the remains described above, held an *Autopsy* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

|   |  |                  |
|---|--|------------------|
| 23A. SIGNATURE<br><i>William D. Smith</i> | 23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D.<br><i>10-4-53</i> | 23C. DATE SIGNED |
|---|--|------------------|

|  |                                  |  |  |
|--|----------------------------------|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i> | 24B. DATE<br><i>Oct. 9, 1953</i> | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Mt. Calvary</i> | 24D. LOCATION (City, town, or county) (State)<br><i>Baltimore, Md.</i> |
|--|----------------------------------|--|--|

|   |   |  |
|---|---|--|
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>OCT 6 - 1953</i> | REGISTRAR'S SIGNATURE<br><i>Huntington Williams</i> | 25. FUNERAL DIRECTOR<br><i>1631 Druid Hill Ave</i> |
|---|---|--|

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

28 64.4

ALBANY CITY MARKET CO. N.Y.  
CERTIFICATE OF ANALYSIS

28 64.4

11 2 30

11 2 30

11 2 30

11 2 30



K-540

53 8875

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8875

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANN G. KIMMEL

2. DATE  
OF  
DEATH

10/4/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

38 UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

14-01

D. STREET ADDRESS (If rural, give location)

1519 LINDEN AVE

c. Length of stay in Baltimore

20

Yrs  
Mos.  
Days

5. SEX

FEMALE

W

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

7-2-1860

9. AGE (In years last birthday)

93

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

DR. GREGG GIBSON

14. MOTHER'S MAIDEN NAME

SUSAN WATERS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Mary Kimmel 1519 Linden Ave.

18. 331 X and E 903.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CEREBRO-VASCULAR ACCIDENT

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

ARTERIO SCLEROSIS

DUE TO

(C)

CERTIFICATION APPROVED BY

R. J. Fisher

M. D.

II

OTHER SIGNIFICANT CONITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONITION CAUSING IT.INTERTROCHANTERIC FRACTURE  
FRACTURE RIGHT HIP

17 days

19A. DATE OF OPERATION

9-21-53

19B. CONDITION FOR WHICH OPERATION

WAS PERFORMED

REPAIR-FRACTURE RT. HIP

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

1519 Linden Avenue

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

September 17, 1953

m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell to floor

22. I hereby certify that I attended the deceased from 10-1-1952, to 10-4-1953, that I last saw the deceased alive on 10-4-1953, and that death occurred at 8:40 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Robert J. Singleton

M. D.

23B. ADDRESS

2923 W. Lanvale St.

23C. DATE SIGNED

10/4/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 6, 1953

24C. NAME OF CEMETERY OR CREMATORY

Central Church

24D. LOCATION (City, town, or county)

Frederick Co.

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 6-1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

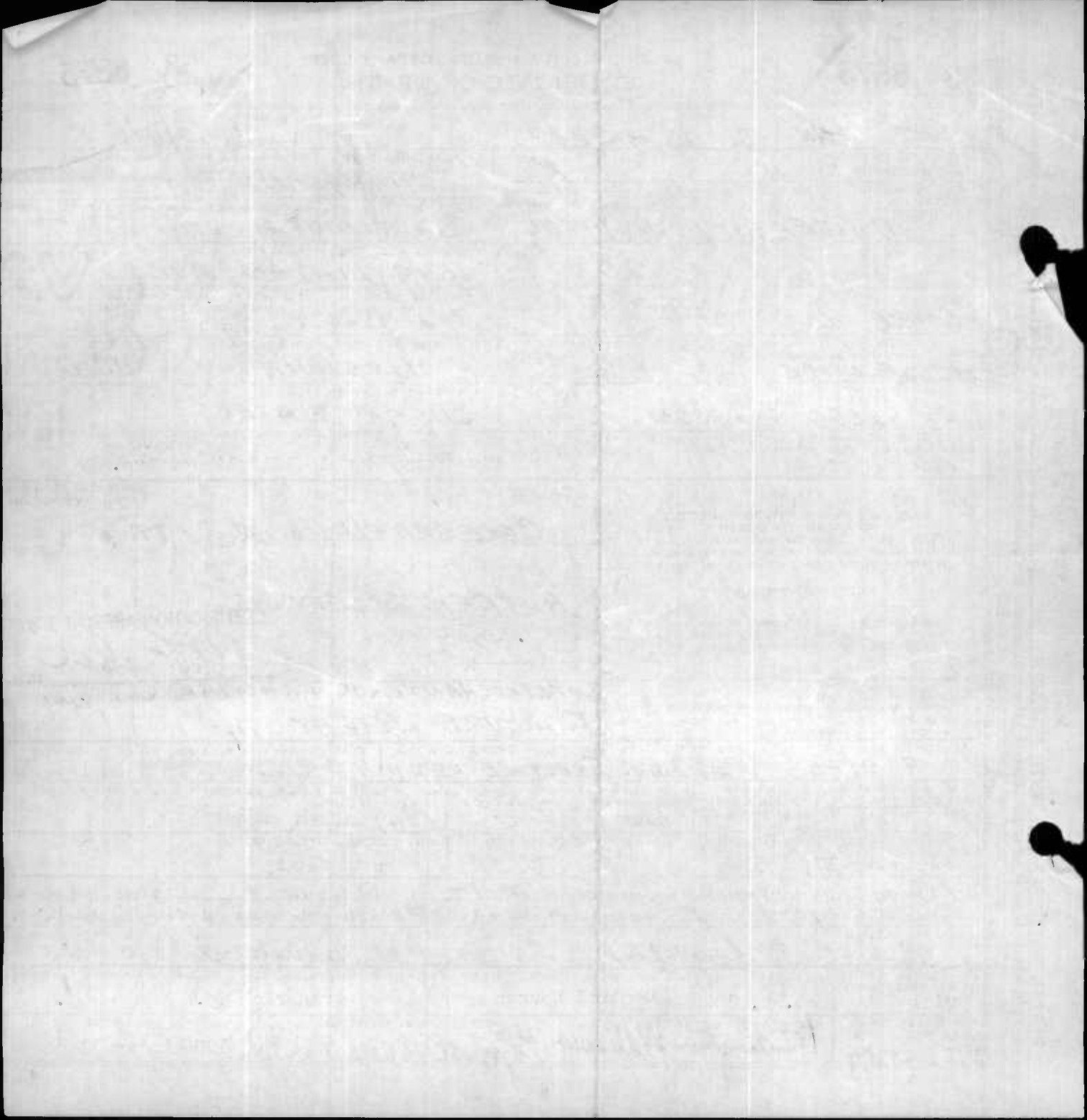
John O. Mitchell &amp; Sons Inc.

ADDRESS

1900 Eutaw Place

VS 150

N 820.0



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8876  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Sweeney, Mrs. Mary (Ogle)

2. DATE  
OF  
DEATH

10/5/53

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore #28

25-31

c. Length of stay in Baltimore

25 yrs

D. STREET ADDRESS (If rural, give location)

4805 Frederick Ave.

5. SEX  
F

6. COLOR OR RACE  
W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
~~Married~~ Widow

8. DATE OF BIRTH

11/29/97

9. AGE (In years last birthday)

55

10. Under 1 Year  
Months Days

11. Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

~~Housewife~~ Saleslady Hecht Co.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?  
U.S.

13. FATHER'S NAME

Charles H. Mosberg

14. MOTHER'S MAIDEN NAME

Rosa A. Keyser

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

unknown

16. SOCIAL SECURITY NO.

219 28 4856

17. INFORMANT Mrs. Windle, 1212 Adelphi Rd

St. Agnes Hospital records.

18. 420.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Hypertensive Cardio-Vascular Disease

195-0

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Myocardial Infarct

195-3

9/10/53

10/5/53

## II

OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED  
WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/13/53, 19, to 10/5/53, 19, that I last saw the deceased alive on 10/5/53, 19, and that death occurred at 6:54 a. m., from the causes and on the date stated above.

23A. SIGNATURE

B. Martin Middleton

M. O.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

10/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 8/53

24C. NAME OF CEMETERY OR CREMATORY

St. Olivet Cemetery

24D. LOCATION (City, town, or county)

Frederick, Md.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 6 - 1953

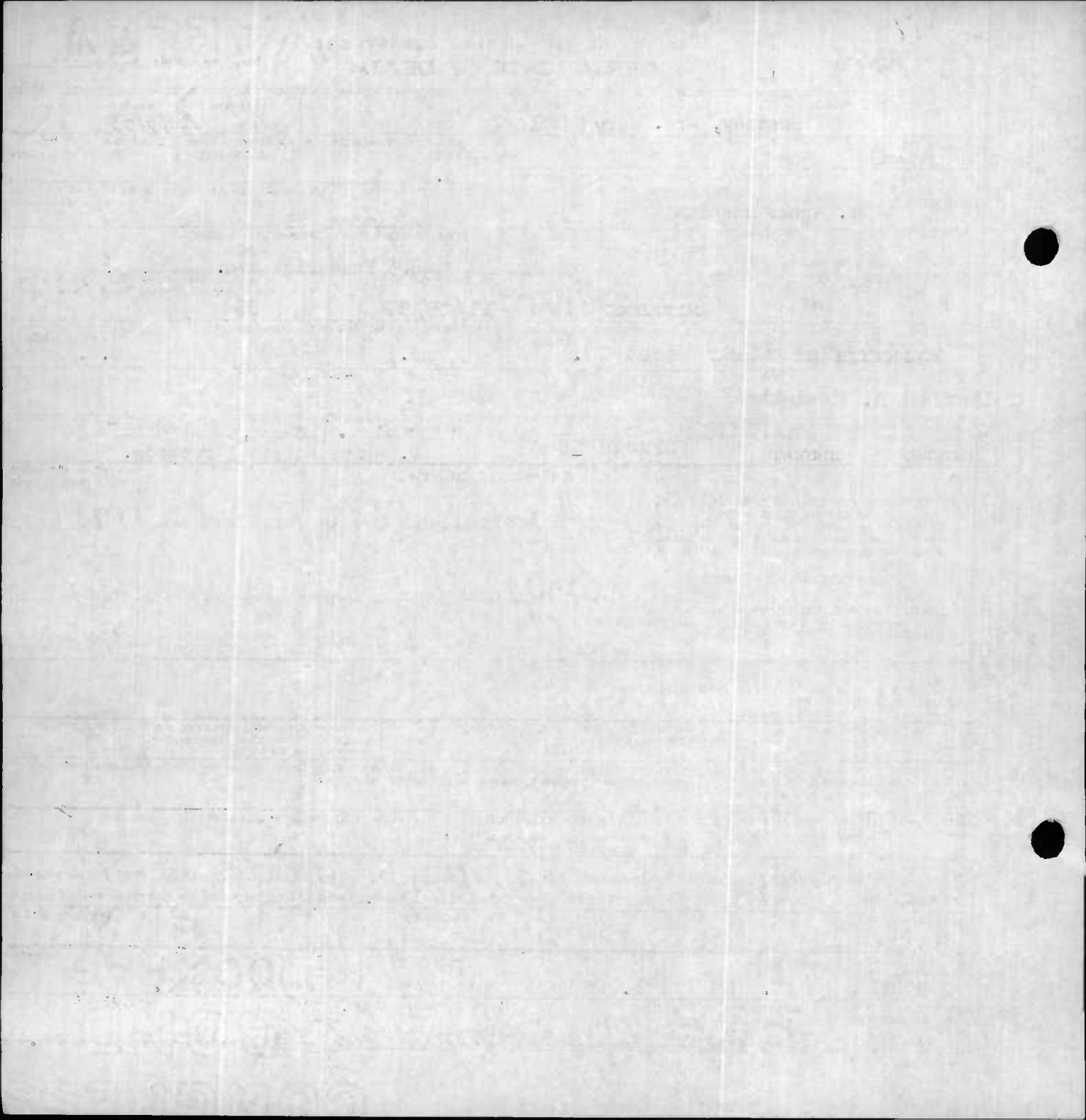
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

4101 Edmondson Ave.

ADDRESS





2-400

53 8877

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8877

Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Roland L. Coale

2. DATE  
OF  
DEATH

Oct. 3/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
STITUTION

4428 Manorview Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

4428 Manorview Rd.

Length of stay in Baltimore

Life

SEX Yrs. Mos. Days  
Male White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)

Maintenance Man

10B. KIND OF BUSINESS OR INDUSTRY  
Dietrich Brothers

FATHER'S NAME

E. Cole

WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.  
705 12 5916

17. INFORMANT

ADDRESS

Mrs. Birdie V. Coale, 4428 Manorview

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Coronary Thrombosis

DUE TO

(B) Cardiac-Vascular Disease

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

12 hrs

2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 28, 1953 to Oct. 3, 1953, that I last saw the deceased alive on Oct. 2, 1953, and that death occurred at 5 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Norman U. Todd

M. D.

23B. ADDRESS

2108 S. Paul St

23C. DATE SIGNED

10/5/53

A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 6/53

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

TE RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Harry H. Krutz

ADDRESS

4101 Edmondson Ave

T 6-1953

VS 150

5543D

STATE OF NEW YORK  
CERTIFICATE OF DEATH

|                       |  |                              |  |                          |  |                          |  |
|-----------------------|--|------------------------------|--|--------------------------|--|--------------------------|--|
| 1. Name of Deceased   |  | 2. Sex                       |  | 3. Age                   |  | 4. Date of Death         |  |
| 5. Place of Birth     |  | 6. Usual Residence           |  | 7. Cause of Death        |  | 8. Manner of Death       |  |
| 9. Name of Physician  |  | 10. Name of Undertaker       |  | 11. Name of Burial Place |  | 12. Name of Funeral Home |  |
| 13. Name of Coroner   |  | 14. Name of Medical Examiner |  | 15. Name of Pathologist  |  | 16. Name of Anatomist    |  |
| 17. Name of Registrar |  | 18. Name of Clerk            |  | 19. Name of Nurse        |  | 20. Name of Assistant    |  |
| 21. Name of Driver    |  | 22. Name of Porter           |  | 23. Name of Cook         |  | 24. Name of Janitor      |  |
| 25. Name of Steward   |  | 26. Name of Captain          |  | 27. Name of Engineer     |  | 28. Name of Fireman      |  |
| 29. Name of Policeman |  | 30. Name of Soldier          |  | 31. Name of Sailor       |  | 32. Name of Merchant     |  |
| 33. Name of Farmer    |  | 34. Name of Laborer          |  | 35. Name of Artist       |  | 36. Name of Musician     |  |
| 37. Name of Writer    |  | 38. Name of Actor            |  | 39. Name of Actress      |  | 40. Name of Minister     |  |
| 41. Name of Priest    |  | 42. Name of Rabbi            |  | 43. Name of Imam         |  | 44. Name of Monk         |  |
| 45. Name of Nun       |  | 46. Name of Priestess        |  | 47. Name of Priestess    |  | 48. Name of Priestess    |  |
| 49. Name of Priestess |  | 50. Name of Priestess        |  | 51. Name of Priestess    |  | 52. Name of Priestess    |  |
| 53. Name of Priestess |  | 54. Name of Priestess        |  | 55. Name of Priestess    |  | 56. Name of Priestess    |  |
| 57. Name of Priestess |  | 58. Name of Priestess        |  | 59. Name of Priestess    |  | 60. Name of Priestess    |  |
| 61. Name of Priestess |  | 62. Name of Priestess        |  | 63. Name of Priestess    |  | 64. Name of Priestess    |  |
| 65. Name of Priestess |  | 66. Name of Priestess        |  | 67. Name of Priestess    |  | 68. Name of Priestess    |  |
| 69. Name of Priestess |  | 70. Name of Priestess        |  | 71. Name of Priestess    |  | 72. Name of Priestess    |  |
| 73. Name of Priestess |  | 74. Name of Priestess        |  | 75. Name of Priestess    |  | 76. Name of Priestess    |  |
| 77. Name of Priestess |  | 78. Name of Priestess        |  | 79. Name of Priestess    |  | 80. Name of Priestess    |  |
| 81. Name of Priestess |  | 82. Name of Priestess        |  | 83. Name of Priestess    |  | 84. Name of Priestess    |  |
| 85. Name of Priestess |  | 86. Name of Priestess        |  | 87. Name of Priestess    |  | 88. Name of Priestess    |  |
| 89. Name of Priestess |  | 90. Name of Priestess        |  | 91. Name of Priestess    |  | 92. Name of Priestess    |  |
| 93. Name of Priestess |  | 94. Name of Priestess        |  | 95. Name of Priestess    |  | 96. Name of Priestess    |  |
| 97. Name of Priestess |  | 98. Name of Priestess        |  | 99. Name of Priestess    |  | 100. Name of Priestess   |  |

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8878

Registered No.

53 8878

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Jesse H. James Sr.

2. DATE  
OF  
DEATH

10/4/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

422 S. Aira Corp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

17-04

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

607 S. Monroe St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

6/10/85

9. AGE (In years last birthday)

68

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cement Finisher

10B. KIND OF BUSINESS OR INDUSTRY

Young &amp; Adams

11. BIRTHPLACE (State or foreign country)

Detroit

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

---James

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

217 03 6239 A

17. INFORMANT

ADDRESS

Jesse H. James Jr. 8003 Temple Rd

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/3/53, 1953, to 10/4, 1953 that I last saw the deceased alive on 10/4, 1953 and that death occurred at 10:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 7/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county) (State)

Pikesville Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 6 - 1953

Huntington Williams, Harry H. Witzke 4101 Edmondson Ave

CERTIFICATE OF DEATH

KENTON CITY HEALTH DEPARTMENT

Form 1

CAUSE OF DEATH

474D

DATE

TIME

PLACE

AGE

SEX

RACE

RELIGION

OCCUPATION

EDUCATION

Marital Status

Previous Illnesses

Signature of Physician

Signature of Registrar

Signature of Informant

Signature of Witness

Signature of Coroner

Signature of Burial Officer

Signature of Undertaker

Signature of Funeral Home

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

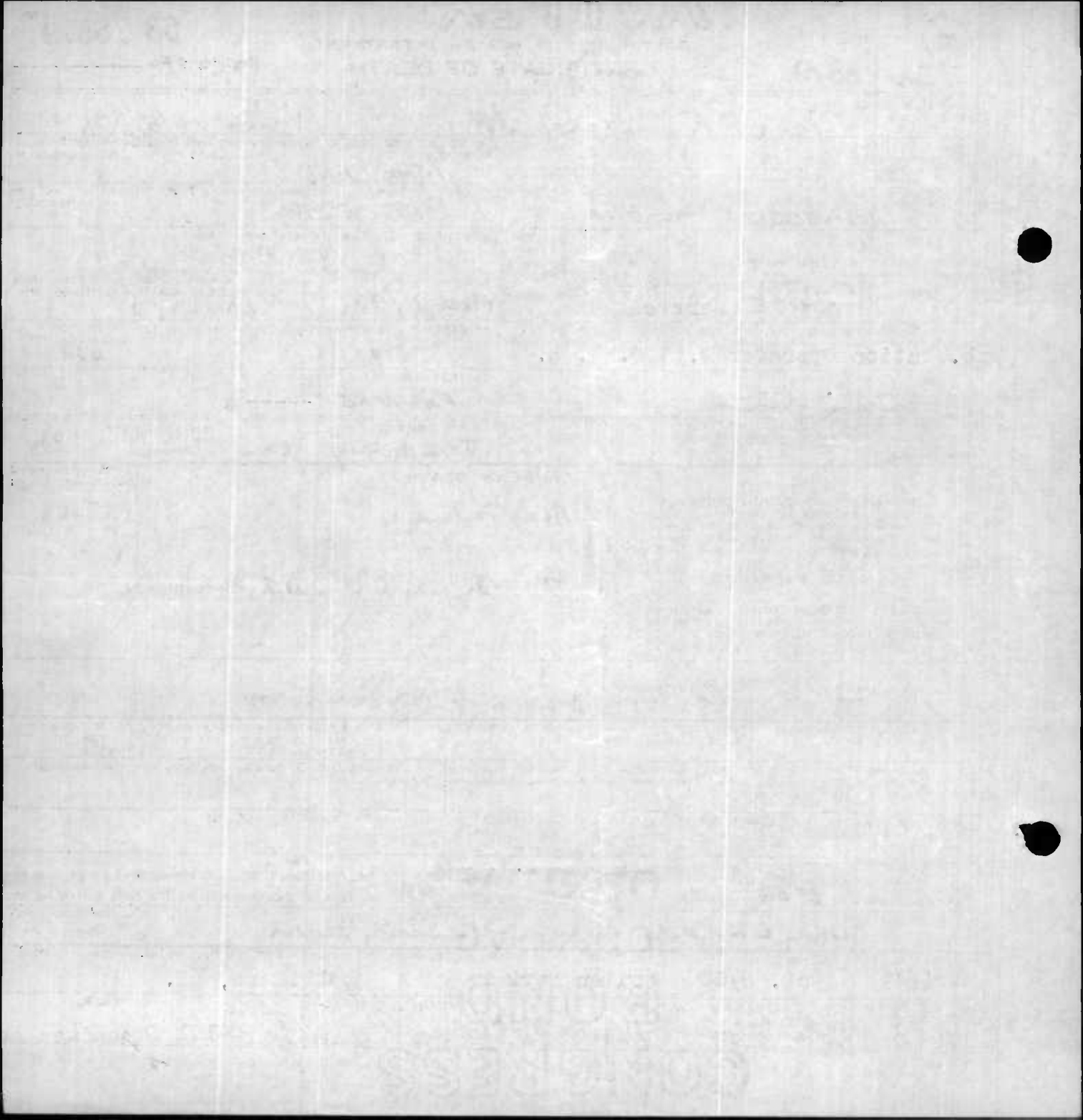
53 - 8879

BIRTH NO. 3 0075

|   |  |  |  |
|---|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print)  |  | 2. DATE OF DEATH   |  |
| JOHN F. LILLY JR.   |  | 10/5/53  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE<br>B. COUNTY   |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION<br>UNIVERSITY HOSPITAL  |  | MARYLAND<br>C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>BALTIMORE - 16 15-06<br>D. STREET ADDRESS (If rural, give location)<br>2900 WALBROOK AVE.  |  |
| c. Length of stay in Baltimore<br>Yrs.<br>Mos.<br>Days  |  | 8. DATE OF BIRTH<br>March 21 / 93  |  |
| 5. SEX<br>M.  |  | 9. AGE (In years last birthday)<br>60  |  |
| 6. COLOR OR RACE<br>WHITE   |  | 10. BIRTHPLACE (State or foreign country)<br>Md.   |  |
| 7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED (Specify)   |  | 11. CITIZEN OF WHAT COUNTRY?<br>USA  |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Pub. Station Operator  |  | 12. CITIZEN OF WHAT COUNTRY?<br>USA  |  |
| 10B. KIND OF BUSINESS OR INDUSTRY<br>B. & O. R. R.  |  | 13. FATHER'S NAME<br>John Lilly  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br>Unknown   |  | 14. MOTHER'S MAIDEN NAME<br>FANNIE   |  |
| 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT<br>John B. Lilly (son) 2900 Walbrook Ave   |  |
| 18. 541.0<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>CAUSE OF DEATH<br>(A) Heat Failure<br>DUE TO<br>(B) Two Duodenal Ulcers & Hemorrhage<br>DUE TO<br>(C)<br>INTERVAL BETWEEN ONSET AND DEATH<br>(5 days) |  | II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br>Necrosis of Adrenal Cortex   |  |
| 19A. DATE OF OPERATION<br>10/5/53   |  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   |  |
| 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  | 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  |  |
| 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?   |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |
| 21F. HOW DID INJURY OCCUR?  |  | 22. I hereby certify that I attended the deceased from 4 <sup>th</sup> Oct. 1952, to 6 <sup>th</sup> Oct. 1953, that I last saw the deceased alive on 6 <sup>th</sup> Oct. 1953, and that death occurred at 4:30 m., from the causes and on the date stated above. |  |
| 23A. SIGNATURE<br>Geffrey C R Cary  |  | 23B. ADDRESS<br>University Hospital  |  |
| 23C. DATE SIGNED<br>6 <sup>th</sup> Oct. 53.  |  | 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |  |
| 24B. DATE<br>Oct. 8/53  |  | 24C. NAME OF CEMETERY OR CREMATORY<br>Loudon Park  |  |
| 24D. LOCATION (City, town, or county) (State)<br>Baltimore, Md.   |  | 25. FUNERAL DIRECTOR<br>Huntington Williams, Harry A. Smith  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br>OCT 6 - 1953  |  | ADDRESS<br>4101 Edmondson  |  |

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D-340

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8880

Registered No. \_\_\_\_\_

53 8880

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James F. DeAtley

2. DATE  
OF  
DEATH

October 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1240 E. Cold Spring Lane

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-09

D. STREET ADDRESS (If rural, give location)

1240 E. Cold Spring Lane

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

Sept. 3, 1880

9. AGE (In years  
last birthday)

73

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Ret. Printer

10B. KIND OF BUSINESS OR  
INDUSTRY

Self Employed

11. BIRTHPLACE (State or foreign country)

Washington, D. C.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

James DeAtley

14. MOTHER'S MAIDEN NAME

Mary Barnes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Elizabeth E. DeAtley, 1240 E. Cold Spring

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

1 day  
Several  
years

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16, 1953, to Oct 5, 1953, that I last saw the  
deceased alive on Oct 5, 1953, and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. DeAtley

M. D.

23B. ADDRESS

6001 Loch Raven Road

23C. DATE SIGNED

10/5/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

10/7/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Book, Inc.

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul Street

OCT 6 - 1953

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8881

|   |                                  |   |                                   |
|---|----------------------------------|---|-----------------------------------|
| NAME OF DECEASED<br>(Type or Print) <b>LORETTA JASINSKA</b>   |                                  | 2. DATE OF DEATH<br><b>10/4/53</b>  |                                   |
| PLACE OF DEATH:<br><b>Baltimore City, Maryland BON SECOURS HOSP.</b>  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MARYLAND</b> B. COUNTY <b>1-01</b> |                                   |
| FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><b>BON SECOURS HOSPITAL</b> |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>BAITIMORE 24</b>                                     |                                   |
| Length of stay in Baltimore <b>37</b>   |                                  | D. STREET ADDRESS (If rural, give location)<br><b>1017 S KENWOOD AVE.</b>   |                                   |
| SEX<br><b>F</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b>  | 8. DATE OF BIRTH<br><b>8/9/16</b> |
| 9. AGE (In years last birthday)<br><b>37</b>  |                                  | 10. UNDER 1 Year Months: Days   | 11. UNDER 24 Hours Hours: Min.    |
| A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)<br><b>Sales Lady</b>                 |                                  | 10B. KIND OF BUSINESS OR INDUSTRY   |                                   |
| FATHER'S NAME<br><b>HENRY JASINSKA</b>  |                                  | 11. BIRTHPLACE (State or foreign country)<br><b>BAIT. MARYLAND</b>  |                                   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Emilia</b>   |                                   |
| WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)<br><b>—</b>                                |                                  | 16. SOCIAL SECURITY NO.   |                                   |
| 17. INFORMANT   |                                  | ADDRESS   |                                   |

|  |  |
|--|--|
| 18. <b>541.0</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>CAUSE OF DEATH</b><br><b>DUODENAL ULCER</b> | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 YRS</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>CAUSE OF DEATH</b><br><b>DUODENAL ULCER</b>   | <b>2 YRS</b>                                     |
| (A) DUE TO <b>POST-OP. OBSTRUCTION SEC'D TO SUB-TOTAL GASTRECTOMY</b>  | <b>8 DAYS</b>                                    |
| (B) DUE TO <b>Edema of STROMA</b>  | <b>5 DAYS</b>                                    |
| (C) <b>AKALASIA UREMIA</b>   |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><b>ELECTROLYTIC ImBALANCE</b>   |  |

|   |  |   |
|---|--|---|
| 19A. DATE OF OPERATION<br><b>9/26/53</b>  | 19B. MAJOR FINDINGS OF OPERATION<br><b>DUODENAL ULCER</b>  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |
| 21D. TIME (Month) (Day) (Year) (Hour)   | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?  |
| 22. I hereby certify that I attended the deceased from <b>9/25</b> , 19 <b>53</b> , to <b>10/4</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10/4</b> , 19 <b>53</b> , and that death occurred at <b>2:35 Pm.</b> , from the causes and on the date stated above. |  |   |
| 23A. SIGNATURE<br><b>William S. Womack</b>  | 23B. ADDRESS<br><b>BON SECOURS HOSPITAL</b>  | 23C. DATE SIGNED<br><b>10/4/53</b>  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 24B. DATE<br><b>Oct. 8/53</b>  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Holy Rosary</b>                            |
| 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore</b>   | 25. FUNERAL DIRECTOR<br><b>W. W. Ozogowski</b>   |   |
| TE RECEIVED BY<br>LOCAL REGISTRAR<br><b>1016-1053</b>   | REGISTRAR'S SIGNATURE<br><b>Huntington Williams</b>  | ADDRESS<br><b>4906C</b>   |

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

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| No. 1 |  | No. 2 |  | No. 3 |  | No. 4 |  | No. 5 |  | No. 6 |  | No. 7 |  | No. 8 |  | No. 9 |  | No. 10 |  | No. 11 |  | No. 12 |  | No. 13 |  | No. 14 |  | No. 15 |  | No. 16 |  | No. 17 |  | No. 18 |  | No. 19 |  | No. 20 |  | No. 21 |  | No. 22 |  | No. 23 |  | No. 24 |  | No. 25 |  | No. 26 |  | No. 27 |  | No. 28 |  | No. 29 |  | No. 30 |  | No. 31 |  | No. 32 |  | No. 33 |  | No. 34 |  | No. 35 |  | No. 36 |  | No. 37 |  | No. 38 |  | No. 39 |  | No. 40 |  | No. 41 |  | No. 42 |  | No. 43 |  | No. 44 |  | No. 45 |  | No. 46 |  | No. 47 |  | No. 48 |  | No. 49 |  | No. 50 |  | No. 51 |  | No. 52 |  | No. 53 |  | No. 54 |  | No. 55 |  | No. 56 |  | No. 57 |  | No. 58 |  | No. 59 |  | No. 60 |  | No. 61 |  | No. 62 |  | No. 63 |  | No. 64 |  | No. 65 |  | No. 66 |  | No. 67 |  | No. 68 |  | No. 69 |  | No. 70 |  | No. 71 |  | No. 72 |  | No. 73 |  | No. 74 |  | No. 75 |  | No. 76 |  | No. 77 |  | No. 78 |  | No. 79 |  | No. 80 |  | No. 81 |  | No. 82 |  | No. 83 |  | No. 84 |  | No. 85 |  | No. 86 |  | No. 87 |  | No. 88 |  | No. 89 |  | No. 90 |  | No. 91 |  | No. 92 |  | No. 93 |  | No. 94 |  | No. 95 |  | No. 96 |  | No. 97 |  | No. 98 |  | No. 99 |  | No. 100 |  | No. 101 |  | No. 102 |  | No. 103 |  | No. 104 |  | No. 105 |  | No. 106 |  | No. 107 |  | No. 108 |  | No. 109 |  | No. 110 |  | No. 111 |  | No. 112 |  | No. 113 |  | No. 114 |  | No. 115 |  | No. 116 |  | No. 117 |  | No. 118 |  | No. 119 |  | No. 120 |  | No. 121 |  | No. 122 |  | No. 123 |  | No. 124 |  | No. 125 |  | No. 126 |  | No. 127 |  | No. 128 |  | No. 129 |  | No. 130 |  | No. 131 |  | No. 132 |  | No. 133 |  | No. 134 |  | No. 135 |  | No. 136 |  | No. 137 |  | No. 138 |  | No. 139 |  | No. 140 |  | No. 141 |  | No. 142 |  | No. 143 |  | No. 144 |  | No. 145 |  | No. 146 |  | No. 147 |  | No. 148 |  | No. 149 |  | No. 150 |  | No. 151 |  | No. 152 |  | No. 153 |  | No. 154 |  | No. 155 |  | No. 156 |  | No. 157 |  | No. 158 |  | No. 159 |  | No. 160 |  | No. 161 |  | No. 162 |  | No. 163 |  | No. 164 |  | No. 165 |  | No. 166 |  | No. 167 |  | No. 168 |  | No. 169 |  | No. 170 |  | No. 171 |  | No. 172 |  | No. 173 |  | No. 174 |  | No. 175 |  | No. 176 |  | No. 177 |  | No. 178 |  | No. 179 |  | No. 180 |  | No. 181 |  | No. 182 |  | No. 183 |  | No. 184 |  | No. 185 |  | No. 186 |  | No. 187 |  | No. 188 |  | No. 189 |  | No. 190 |  | No. 191 |  | No. 192 |  | No. 193 |  | No. 194 |  | No. 195 |  | No. 196 |  | No. 197 |  | No. 198 |  | No. 199 |  | No. 200 |  | No. 201 |  | No. 202 |  | No. 203 |  | No. 204 |  | No. 205 |  | No. 206 |  | No. 207 |  | No. 208 |  | No. 209 |  | No. 210 |  | No. 211 |  | No. 212 |  | No. 213 |  | No. 214 |  | No. 215 |  | No. 216 |  | No. 217 |  | No. 218 |  | No. 219 |  | No. 220 |  | No. 221 |  | No. 222 |  | No. 223 |  | No. 224 |  | No. 225 |  | No. 226 |  | No. 227 |  | No. 228 |  | No. 229 |  | No. 230 |  | No. 231 |  | No. 232 |  | No. 233 |  | No. 234 |  | No. 235 |  | No. 236 |  | No. 237 |  | No. 238 |  | No. 239 |  | No. 240 |  | No. 241 |  | No. 242 |  | No. 243 |  | No. 244 |  | No. 245 |  | No. 246 |  | No. 247 |  | No. 248 |  | No. 249 |  | No. 250 |  | No. 251 |  | No. 252 |  | No. 253 |  | No. 254 |  | No. 255 |  | No. 256 |  | No. 257 |  | No. 258 |  | No. 259 |  | No. 260 |  | No. 261 |  | No. 262 |  | No. 263 |  | No. 264 |  | No. 265 |  | No. 266 |  | No. 267 |  | No. 268 |  | No. 269 |  | No. 270 |  | No. 271 |  | No. 272 |  | No. 273 |  | No. 274 |  | No. 275 |  | No. 276 |  | No. 277 |  | No. 278 |  | No. 279 |  | No. 280 |  | No. 281 |  | No. 282 |  | No. 283 |  | No. 284 |  | No. 285 |  | No. 286 |  | No. 287 |  | No. 288 |  | No. 289 |  | No. 290 |  | No. 291 |  | No. 292 |  | No. 293 |  | No. 294 |  | No. 295 |  | No. 296 |  | No. 297 |  | No. 298 |  | No. 299 |  | No. 300 |  | No. 301 |  | No. 302 |  | No. 303 |  | No. 304 |  | No. 305 |  | No. 306 |  | No. 307 |  | No. 308 |  | No. 309 |  | No. 310 |  | No. 311 |  | No. 312 |  | No. 313 |  | No. 314 |  | No. 315 |  | No. 316 |  | No. 317 |  | No. 318 |  | No. 319 |  | No. 320 |  | No. 321 |  | No. 322 |  | No. 323 |  | No. 324 |  | No. 325 |  | No. 326 |  | No. 327 |  | No. 328 |  | No. 329 |  | No. 330 |  | No. 331 |  | No. 332 |  | No. 333 |  | No. 334 |  | No. 335 |  | No. 336 |  | No. 337 |  | No. 338 |  | No. 339 |  | No. 340 |  | No. 341 |  | No. 342 |  | No. 343 |  | No. 344 |  | No. 345 |  | No. 346 |  | No. 347 |  | No. 348 |  | No. 349 |  | No. 350 |  | No. 351 |  | No. 352 |  | No. 353 |  | No. 354 |  | No. 355 |  | No. 356 |  | No. 357 |  | No. 358 |  | No. 359 |  | No. 360 |  | No. 361 |  | No. 362 |  | No. 363 |  | No. 364 |  | No. 365 |  | No. 366 |  | No. 367 |  | No. 368 |  | No. 369 |  | No. 370 |  | No. 371 |  | No. 372 |  | No. 373 |  | No. 374 |  | No. 375 |  | No. 376 |  | No. 377 |  | No. 378 |  | No. 379 |  | No. 380 |  | No. 381 |  | No. 382 |  | No. 383 |  | No. 384 |  | No. 385 |  | No. 386 |  | No. 387 |  | No. 388 |  | No. 389 |  | No. 390 |  | No. 391 |  | No. 392 |  | No. 393 |  | No. 394 |  | No. 395 |  | No. 396 |  | No. 397 |  | No. 398 |  | No. 399 |  | No. 400 |  | No. 401 |  | No. 402 |  | No. 403 |  | No. 404 |  | No. 405 |  | No. 406 |  | No. 407 |  | No. 408 |  | No. 409 |  | No. 410 |  | No. 411 |  | No. 412 |  | No. 413 |  | No. 414 |  | No. 415 |  | No. 416 |  | No. 417 |  | No. 418 |  | No. 419 |  | No. 420 |  | No. 421 |  | No. 422 |  | No. 423 |  | No. 424 |  | No. 425 |  | No. 426 |  | No. 427 |  | No. 428 |  | No. 429 |  | No. 430 |  | No. 431 |  | No. 432 |  | No. 433 |  | No. 434 |  | No. 435 |  | No. 436 |  | No. 437 |  | No. 438 |  | No. 439 |  | No. 440 |  | No. 441 |  | No. 442 |  | No. 443 |  | No. 444 |  | No. 445 |  | No. 446 |  | No. 447 |  | No. 448 |  | No. 449 |  | No. 450 |  | No. 451 |  | No. 452 |  | No. 453 |  | No. 454 |  | No. 455 |  | No. 456 |  | No. 457 |  | No. 458 |  | No. 459 |  | No. 460 |  | No. 461 |  | No. 462 |  | No. 463 |  | No. 464 |  | No. 465 |  | No. 466 |  | No. 467 |  | No. 468 |  | No. 469 |  | No. 470 |  | No. 471 |  | No. 472 |  | No. 473 |  | No. 474 |  | No. 475 |  | No. 476 |  | No. 477 |  | No. 478 |  | No. 479 |  | No. 480 |  | No. 481 |  | No. 482 |  | No. 483 |  | No. 484 |  | No. 485 |  | No. 486 |  | No. 487 |  | No. 488 |  | No. 489 |  | No. 490 |  | No. 491 |  | No. 492 |  | No. 493 |  | No. 494 |  | No. 495 |  | No. 496 |  | No. 497 |  | No. 498 |  | No. 499 |  | No. 500 |  | No. 501 |  | No. 502 |  | No. 503 |  | No. 504 |  | No. 505 |  | No. 506 |  | No. 507 |  | No. 508 |  | No. 509 |  | No. 510 |  | No. 511 |  | No. 512 |  | No. 513 |  | No. 514 |  | No. 515 |  | No. 516 |  | No. 517 |  | No. 518 |  | No. 519 |  | No. 520 |  | No. 521 |  | No. 522 |  | No. 523 |  | No. 524 |  | No. 525 |  | No. 526 |  | No. 527 |  | No. 528 |  | No. 529 |  | No. 530 |  | No. 531 |  | No. 532 |  | No. 533 |  | No. 534 |  | No. 535 |  | No. 536 |  | No. 537 |  | No. 538 |  | No. 539 |  | No. 540 |  | No. 541 |  | No. 542 |  | No. 543 |  | No. 544 |  | No. 545 |  | No. 546 |  | No. 547 |  | No. 548 |  | No. 549 |  | No. 550 |  | No. 551 |  | No. 552 |  | No. 553 |  | No. 554 |  | No. 555 |  | No. 556 |  | No. 557 |  | No. 558 |  | No. 559 |  | No. 560 |  | No. 561 |  | No. 562 |  | No. 563 |  | No. 564 |  | No. 565 |  | No. 566 |  | No. 567 |  | No. 568 |  | No. 569 |  | No. 570 |  | No. 571 |  | No. 572 |  | No. 573 |  | No. 574 |  | No. 575 |  | No. 576 |  | No. 577 |  | No. 578 |  | No. 579 |  | No. 580 |  | No. 581 |  | No. 582 |  | No. 583 |  | No. 584 |  | No. 585 |  | No. 586 |  | No. 587 |  | No. 588 |  | No. 589 |  | No. 590 |  | No. 591 |  | No. 592 |  | No. 593 |  | No. 594 |  | No. 595 |  | No. 596 |  | No. 597 |  | No. 598 |  | No. 599 |  | No. 600 |  | No. 601 |  | No. 602 |  | No. 603 |  | No. 604 |  | No. 605 |  | No. 606 |  | No. 607 |  | No. 608 |  | No. 609 |  | No. 610 |  | No. 611 |  | No. 612 |  | No. 613 |  | No. 614 |  | No. 615 |  | No. 616 |  | No. 617 |  | No. 618 |  | No. 619 |  | No. 620 |  | No. 621 |  | No. 622 |  | No. 623 |  | No. 624 |  | No. 625 |  | No. 626 |  | No. 627 |  | No. 628 |  | No. 629 |  | No. 630 |  | No. 631 |  | No. 632 |  | No. 633 |  | No. 634 |  | No. 635 |  | No. 636 |  | No. 637 |  | No. 638 |  | No. 639 |  | No. 640 |  | No. 641 |  | No. 642 |  | No. 643 |  | No. 644 |  | No. 645 |  | No. 646 |  | No. 647 |  | No. 648 |  | No. 649 |  | No. 650 |  | No. 651 |  | No. 652 |  | No. 653 |  | No. 654 |  | No. 655 |  | No. 656 |  | No. 657 |  | No. 658 |  | No. 659 |  | No. 660 |  | No. 661 |  | No. 662 |  | No. 663 |  | No. 664 |  | No. 665 |  | No. 666 |  | No. 667 |  | No. 668 |  | No. 669 |  | No. 670 |  | No. 671 |  | No. 672 |  | No. 673 |  | No. 674 |  | No. 675 |  | No. 676 |  | No. 677 |  | No. 678 |  | No. 679 |  | No. 680 |  | No. 681 |  | No. 682 |  | No. 683 |  | No. 684 |  | No. 685 |  | No. 686 |  | No. 687 |  | No. 688 |  | No. 689 |  | No. 690 |  | No. 691 |  | No. 692 |  | No. 693 |  | No. 694 |  | No. 695 |  | No. 696 |  | No. 697 |  | No. 698 |  | No. 699 |  | No. 700 |  | No. 701 |  | No. 702 |  | No. 703 |  | No. 704 |  | No. 705 |  | No. 706 |  | No. 707 |  | No. 708 |  | No. 709 |  | No. 710 |  | No. 711 |  | No. 712 |  | No. 713 |  | No. 714 |  | No. 715 |  | No. 716 |  | No. 717 |  | No. 718 |  | No. 719 |  | No. 720 |  | No. 721 |  | No. 722 |  | No. 723 |  | No. 724 |  | No. 725 |  | No. 726 |  | No. 727 |  | No. 728 |  | No. 729 |  | No. 730 |  | No. 731 |  | No. 732 |  | No. 733 |  | No. 734 |  | No. 735 |  | No. 736 |  | No. 737 |  | No. 738 |  | No. 739 |  | No. 740 |  | No. 741 |  | No. 742 |  | No. 743 |  | No. 744 |  | No. 745 |  | No. 746 |  | No. 747 |  | No. 748 |  | No. 749 |  | No. 750 |  | No. 751 |  | No. 752 |  | No. 753 |  | No. 754 |  | No. 755 |  | No. 756 |  | No. 757 |  | No. 758 |  | No. 759 |  | No. 760 |  | No. 761 |  | No. 762 |  | No. 763 |  | No. 764 |  | No. 765 |  | No. 766 |  | No. 767 |  | No. 768 |  | No. 769 |  | No. 770 |  | No. 771 |  | No. 772 |  | No. 773 |  | No. 774 |  | No. 775 |  | No. 776 |  | No. 777 |  | No. 778 |  | No. 779 |  | No. 780 |  | No. 781 |  | No. 782 |  | No. 783 |  | No. 784 |  | No. 785 |  | No. 786 |  | No. 787 |  | No. 788 |  | No. 789 |  | No. 790 |  | No. 791 |  | No. 792 |  | No. 793 |  | No. 794 |  | No. 795 |  | No. 796 |  | No. 797 |  | No. 798 |  | No. 799 |  | No. 800 |  | No. 801 |  | No. 802 |  | No. 803 |  | No. 804 |  | No. 805 |  | No. 806 |  | No. 807 |  | No. 808 |  | No. 809 |  | No. 810 |  | No. 811 |  | No. 812 |  | No. 813 |  | No. 814 |  | No. 815 |  | No. 816 |  | No. 817 |  | No. 818 |  | No. 819 |  | No. 820 |  | No. 821 |  | No. 822 |  | No. 823 |  | No. 824 |  | No. 825 |  | No. 826 |  | No. 827 |  | No. 828 |  | No. 829 |  | No. 830 |  | No. 831 |  | No. 832 |  | No. 833 |  | No. 834 |  | No. 835 |  | No. 836 |  | No. 837 |  | No. 838 |  | No. 839 |  | No. 840 |  | No. 841 |  | No. 842 |  | No. 843 |  | No. 844 |  | No. 845 |  | No. 846 |  | No. 847 |  | No. 848 |  | No. 849 |  | No. 850 |  | No. 851 |  | No. 852 |  | No. 853 |  | No. 854 |  | No. 855 |  | No. 856 |  | No. 857 |  | No. 858 |  | No. 859 |  | No. 860 |  | No. 861 |  | No. 862 |  | No. 863 |  | No. 864 |  | No. 865 |  | No. 866 |  | No. 867 |  | No. 868 |  | No. 869 |  | No. 870 |  | No. 871 |  | No. 872 |  | No. 873 |  | No. 874 |  | No. 875 |  | No. 876 |  | No. 877 |  | No. 878 |  | No. 879 |  | No. 880 |  | No. 881 |  | No. 882 |  | No. 883 |  | No. 884 |  | No. 885 |  | No. 886 |  | No. 887 |  | No. 888 |  | No. 889 |  | No. 890 |  | No. 891 |  | No. 892 |  |
|-------|--|-------|--|-------|--|-------|--|-------|--|-------|--|-------|--|-------|--|-------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|-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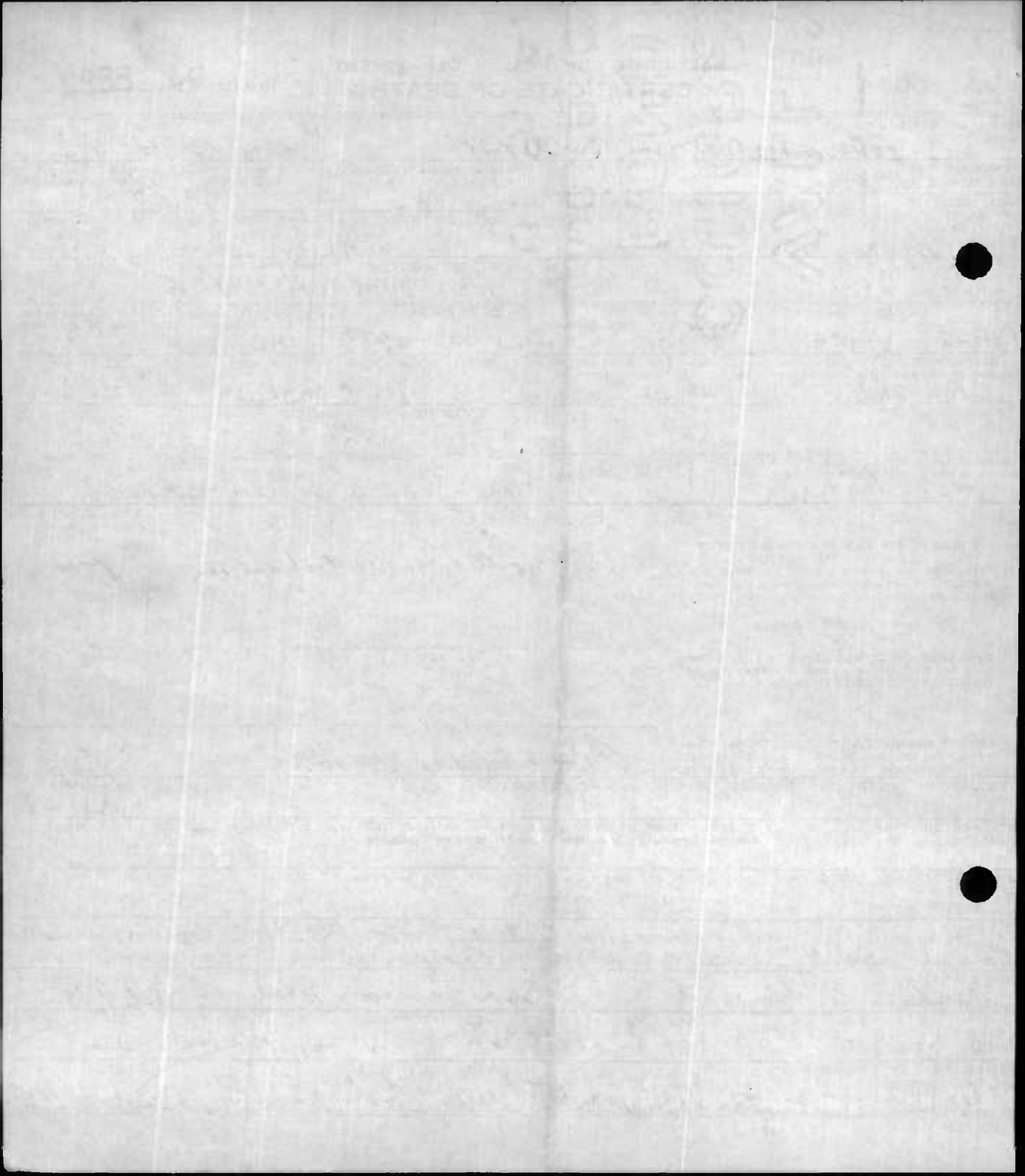
D-250

53 8882

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8882

|   |                                  |   |  |
|---|----------------------------------|---|--|
| NAME OF DECEASED<br>(Type or Print) <b>EDWARD GRIFFIN DIXON</b>   |                                  | 2. DATE OF DEATH<br><b>10-4-53</b>  |  |
| PLACE OF DEATH:<br><b>Baltimore City, Maryland</b>  |                                  | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <b>MD</b> B. COUNTY <b>BALTO.</b> |  |
| FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><b>WINDSOR REST HOME</b>  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>DUNDALK 22</b>                                   |  |
| Length of stay in Baltimore<br><b>11</b> Yrs. Mos. Days   |                                  | D. STREET ADDRESS (If rural, give location)<br><b>8007 DUNDALK AVE 5353</b>   |  |
| SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>WIDOWED</b>   | 8. DATE OF BIRTH<br><b>12 JULY 1973</b>                    |
| 9. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)<br><b>CARPENTER</b>  |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>GENERAL CONTR.</b>  | 9. AGE (In years last birthday)<br><b>80</b>               |
| FATHER'S NAME<br><b>UNK.</b>  |                                  | 11. BIRTHPLACE (State or foreign country)<br><b>N. CAROLINA</b>   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>              |
| 13. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT ADDRESS<br><b>MRS. JOHN J. DONLON - SAME</b> |
| 18. <b>420.0</b>  |                                  | CAUSE OF DEATH  |  |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  |                                  | (A) <b>Arteriosclerosis heart disease</b>   |  |
| ANTECEDENT CAUSES   |                                  | (B) <b>Arteriosclerosis general</b>   |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |                                  | (C) <b>Arteriosclerosis general</b>   |  |
| 19A. DATE OF OPERATION<br><b>0</b>  |                                  | 19B. MAJOR FINDINGS OF OPERATION  |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |                                  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                                  | 21D. HOW DID INJURY OCCUR?  |  |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>Oct. 1, 1952</b> , to <b>Oct. 4, 1953</b> , that I last saw the deceased alive on <b>Oct. 4, 1953</b> , and that death occurred at <b>1:00 p.m.</b> , from the causes and on the date stated above. |                                  |   |  |
| 23A. SIGNATURE<br><b>Abraham B. Husw...</b>   |                                  | 23B. ADDRESS<br><b>2200 Garrison Blvd.</b>  |  |
| 23C. DATE SIGNED<br><b>Oct. 4 1953</b>  |                                  | 23D. REMOVAL (Specify)<br><b>BURIAL</b>   |  |
| 24B. DATE<br><b>10-7-53</b>   |                                  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>FT. LINCOLN</b>  |  |
| 24D. LOCATION (City, town, or county)<br><b>WASHINGTON, D.C.</b>  |                                  | 24E. RECEIVED BY<br><b>CT 6-1953</b>  |  |
| REGISTRAR'S SIGNATURE<br><b>Huntington Williams, M.D.</b>   |                                  | 25. FUNERAL DIRECTOR<br><b>Wills &amp; Burke Bradley, Dundalk, Md.</b>  |  |





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8883****53 8883**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**Edward P. Arnold "Edward P. Arnold"**2. DATE  
OF  
DEATH**10-3-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION**University Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore Md 20-06**

D. STREET ADDRESS (If rural, give location)

**25 S. Fulton St**

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**Painter**10B. KIND OF BUSINESS OR  
INDUSTRY**Drug Co.**

11. BIRTHPLACE (State or foreign country)

**Baltimore Md**12. CITIZEN OF  
WHAT COUNTRY?**USA**

13. FATHER'S NAME

**Louis Arnold**

14. MOTHER'S MAIDEN NAME

**Augusta Steff**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give year or date of service)**No**16. SOCIAL  
SECURITY NO.**216-07-1413**

17. INFORMANT

ADDRESS

**Edward P. Arnold 25 S. Fulton St**18. **E901.6**

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) **Skull fracture, Extra dural**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) **Hemorrhage, Contusion of Brain**II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.**Hypertensive Cardiovascular Disease**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)**building**21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)**318 W. Lombard Street****4/1**21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY**10-2-53 3:10 P.**

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

**fell off of ladder**22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**Walter Wood**23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☐  
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

**Funeral****Oct. 6/53****Forest Park****Baltimore Md**DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**JUL 6 - 1953****Huntington Williams****1300 Eastern Place****U/S 654 1953 N 803.2****564-24****1300 Eastern Place**

Called Med Exam Office 10/10/53

on "at work" x

ES

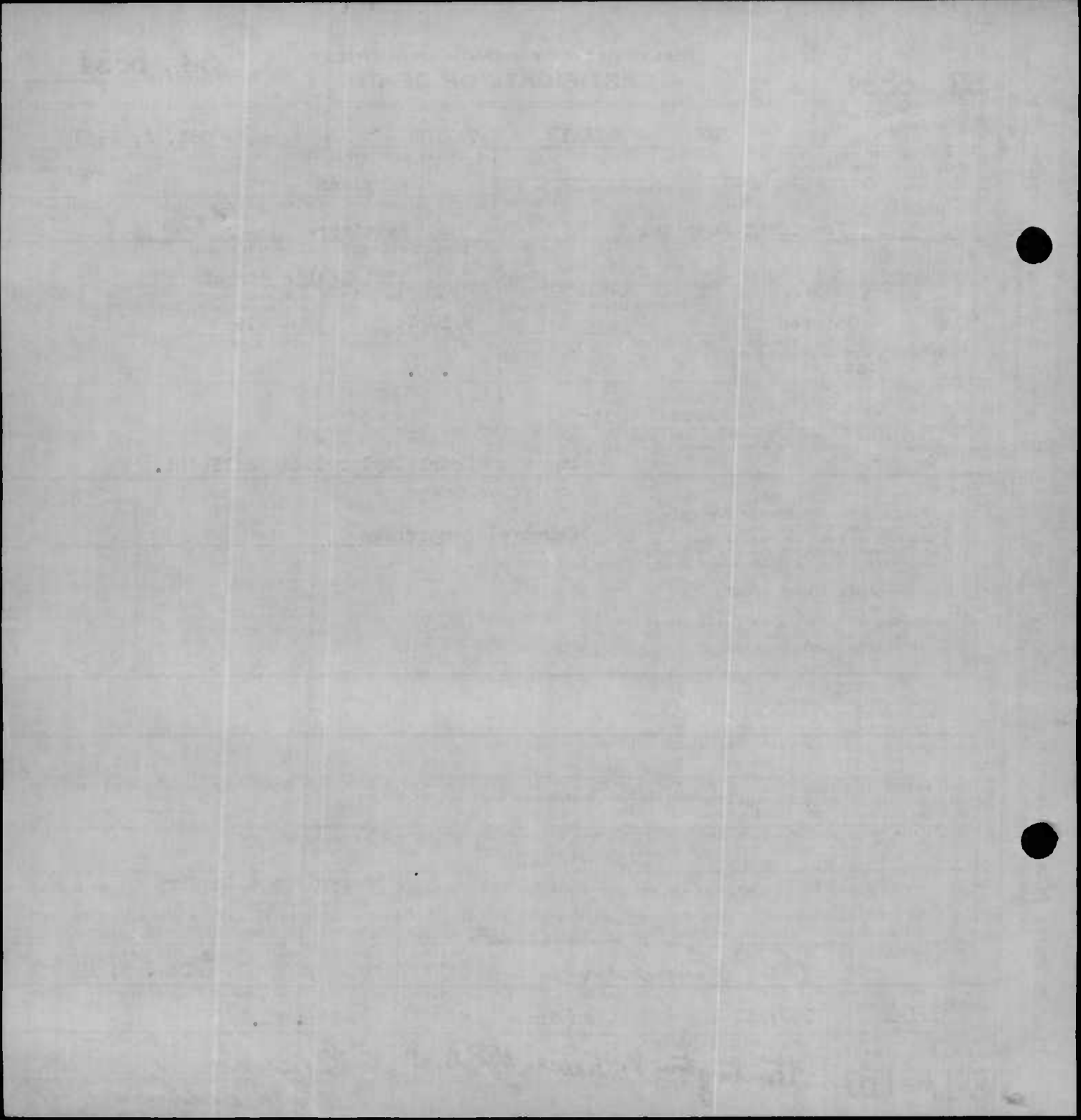
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8884**T-460  
BIRTH NO. **53 8884**

|  |                                    |   |  |  |  |
|--|------------------------------------|---|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>JOE WILLIE TAYLOR</b>  |                                    |   | 2. DATE OF DEATH <b>Oct. 4, 1953</b>   |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                    |   | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Provident Hospital</b>                                       |                                    |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                               |  |  |
| C. Length of stay in Baltimore <b>?</b><br>Yrs. Mos. Days  |                                    |   | D. STREET ADDRESS (If rural, give location)<br><b>1521 Leslie Street</b>   |  |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Colored</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>M</b> | 8. DATE OF BIRTH<br><b>8/18/74</b>   | 9. AGE (in years last birthday)<br><b>79</b> | 10. Under 1 Year Months Days               |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>None</b> |                                    | 10B. KIND OF BUSINESS OR INDUSTRY                           | 11. BIRTHPLACE (State or foreign country)<br><b>N. C.</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
| 13. FATHER'S NAME<br><b>Roscoe Taylor</b>  |                                    |   | 14. MOTHER'S MAIDEN NAME<br><b>??</b>  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>No</b>                             |                                    | 16. SOCIAL SECURITY NO.<br><b>None</b>                      | 17. INFORMANT ADDRESS<br><b>Pearl Taylor 1521 Leslie St.</b>   |  |  |

|  |  |                                  |
|--|--|----------------------------------|
| 18. <b>331X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Cerebral hemorrhage</b><br>(A) DUE TO |  | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B) DUE TO   |  |                                  |
| (C)  |  |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |                                  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19A. DATE OF OPERATION  |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I certify that I took charge of the remains described above, held an <b>inspection &amp; inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <b>natural causes</b> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . |  |  |  |   |  |
| 23A. SIGNATURE<br><b>R. Fisher</b>  |  | 23B. CHIEF MEDICAL EXAMINER... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER... <input type="checkbox"/> MEDICAL INVESTIGATOR... <input type="checkbox"/> |  | 23C. DATE SIGNED<br><b>Oct. 5, 1953</b>   |  |

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> |  | 24B. DATE<br><b>10/7/53</b>                         |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Mt Auburn</b> |  | 24D. LOCATION (City, town, or county) (State)<br><b>Balto. Md.</b> |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 6 - 1953</b>    |  | REGISTRAR'S SIGNATURE<br><b>Huntington Williams</b> |  | 25. FUNERAL DIRECTOR<br><b>R. Nelson</b>               |  | ADDRESS<br><b>1303 Presstman St</b>                                |  |



| 2 200  |                           | CERTIFICATE CORRECTED 12-29-53  |  |
|--|---------------------------|---|--|
| 53 8885  |                           | BALTIMORE CITY HEALTH DEPARTMENT<br>CERTIFICATE OF DEATH  |  |
| Registered No. 53 8885   |                           |   |  |
| NAME OF DECEASED<br>(Type or Print)  |                           | (Charles) Calogero Puzzo  |  |
| PLACE OF DEATH:<br>Baltimore City, Maryland  |                           | 2128 Aiken St.  |  |
| FULL NAME OF<br>HOSPITAL OR<br>INSTITUTION   |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Maryland<br>B. COUNTY Baltimore |  |
| Length of stay in Baltimore  |                           | 10 Yrs<br>Mos.<br>Days  |  |
| SEX<br>Male  | 6. COLOR OR RACE<br>White | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED (Specify)<br>Married   | 8. DATE OF BIRTH<br>June 17 1887         |
| A. USUAL OCCUPATION (Give kind of<br>done during most of working life, even if retired)<br>Kitchen Work  |                           | 10B. KIND OF BUSINESS OR<br>INDUSTRY<br>Miller Bros. Resta.   | 9. AGE (In years<br>last birthday)<br>66 |
| FATHER'S NAME<br>Stefano Puzzo   |                           | 11. BIRTHPLACE (State or foreign country)<br>Calascibetta Italy   |  |
| WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(If yes, give war or dates of service)<br>no   |                           | 16. SOCIAL<br>SECURITY NO.<br>219-28-0432   | 12. CITIZEN OF<br>WHAT COUNTRY?          |
| 14. MOTHER'S MAIDEN NAME<br>Leonarda Marie   |                           | 17. INFORMANT<br>Maria Puzzo 2128 Aiken St.   |  |
| 18. I<br>DISEASE OR CONDITION DIRECTLY<br>LEADING TO DEATH<br>(This does not mean the mode of dying, e.g.,<br>heart failure, asthenia, etc. It means the disease,<br>injury or complication which caused death.)<br><br>ANTECEDENT CAUSES<br><br>DISEASES OR CONDITIONS, IF ANY, GIVING<br>RISE TO THE ABOVE CAUSE (A) STATING THE<br>UNDERLYING CONDITION LAST. |                           | CAUSE OF DEATH<br>(A) Carcinoma of Stomach<br>DUE TO Metastatic Cancer of<br>Liver<br>(B)<br>DUE TO<br>(C)                        |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CON-<br>TRIBUTING TO THE DEATH, BUT NOT RELATED<br>TO THE DISEASE OR CONDITION CAUSING IT.  |                           | INTERVAL BETWEEN<br>ONSET AND DEATH<br>3 mo<br>2 mo   |  |
| 19A. DATE OF OPERATION   |                           | 19B. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |                           |   |  |
| 21A. ACCIDENT WAS UNDER-<br>LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/><br>CAUSE OF DEATH  |                           | 21B. PLACE OF INJURY (e.g., in or<br>about home, farm, factory, street, office bldg., etc.)                                       |  |
| 21C. WHERE DID<br>INJURY OCCUR? (If in Baltimore City, give exact location)  |                           | 21D. HOW DID INJURY OCCUR?  |  |
| 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/><br>WORK AT WORK   |                           |   |  |
| 22. I hereby certify that I attended the deceased from 10-1-53, 19, to 10-4, 1953, that I last saw the<br>deceased alive on 10-4, 1953, and that death occurred at 11 a.m., from the causes and on the date stated above.  |                           |   |  |
| 23A. SIGNATURE<br>F. D. L. Lynn  |                           | 23B. ADDRESS<br>11 E. Chase St.   |  |
| 23C. DATE SIGNED<br>10/5/53  |                           |   |  |
| 24A. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery   |                           | 24B. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.  |  |
| 24C. DATE<br>Oct. 7 1953   |                           |   |  |
| 24D. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery   |                           | 24E. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.  |  |
| 24F. DATE<br>Oct. 7 1953   |                           |   |  |
| 24G. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery   |                           | 24H. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.  |  |
| 24I. DATE<br>Oct. 7 1953   |                           |   |  |
| 24J. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery   |                           | 24K. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.  |  |
| 24L. DATE<br>Oct. 7 1953   |                           |   |  |
| 24M. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery   |                           | 24N. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.  |  |
| 24O. DATE<br>Oct. 7 1953   |                           |   |  |
| 24P. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery   |                           | 24Q. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.  |  |
| 24R. DATE<br>Oct. 7 1953   |                           |   |  |
| 24S. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery   |                           | 24T. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.  |  |
| 24U. DATE<br>Oct. 7 1953   |                           |   |  |
| 24V. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery   |                           | 24W. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.  |  |
| 24X. DATE<br>Oct. 7 1953   |                           |   |  |
| 24Y. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery   |                           | 24Z. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.  |  |
| 24AA. DATE<br>Oct. 7 1953  |                           |   |  |
| 24AB. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24AC. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24AD. DATE<br>Oct. 7 1953  |                           |   |  |
| 24AE. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24AF. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24AG. DATE<br>Oct. 7 1953  |                           |   |  |
| 24AH. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24AI. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24AJ. DATE<br>Oct. 7 1953  |                           |   |  |
| 24AK. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24AL. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24AM. DATE<br>Oct. 7 1953  |                           |   |  |
| 24AN. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24AO. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24AP. DATE<br>Oct. 7 1953  |                           |   |  |
| 24AQ. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24AR. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24AS. DATE<br>Oct. 7 1953  |                           |   |  |
| 24AT. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24AU. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24AV. DATE<br>Oct. 7 1953  |                           |   |  |
| 24AW. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24AX. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24AY. DATE<br>Oct. 7 1953  |                           |   |  |
| 24AZ. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24BA. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24BB. DATE<br>Oct. 7 1953  |                           |   |  |
| 24BC. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24BD. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24BE. DATE<br>Oct. 7 1953  |                           |   |  |
| 24BF. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24BG. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24BH. DATE<br>Oct. 7 1953  |                           |   |  |
| 24BI. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24BJ. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24BK. DATE<br>Oct. 7 1953  |                           |   |  |
| 24BL. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24BM. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24BN. DATE<br>Oct. 7 1953  |                           |   |  |
| 24BO. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24BP. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24BQ. DATE<br>Oct. 7 1953  |                           |   |  |
| 24BR. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24BS. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24BT. DATE<br>Oct. 7 1953  |                           |   |  |
| 24BU. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24BV. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24BW. DATE<br>Oct. 7 1953  |                           |   |  |
| 24BX. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24BY. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24BZ. DATE<br>Oct. 7 1953  |                           |   |  |
| 24CA. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24CB. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24CC. DATE<br>Oct. 7 1953  |                           |   |  |
| 24CD. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24CE. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24CF. DATE<br>Oct. 7 1953  |                           |   |  |
| 24CG. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24CH. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24CI. DATE<br>Oct. 7 1953  |                           |   |  |
| 24CJ. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24CK. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24CL. DATE<br>Oct. 7 1953  |                           |   |  |
| 24CM. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24CN. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24CO. DATE<br>Oct. 7 1953  |                           |   |  |
| 24CP. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24CQ. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24CR. DATE<br>Oct. 7 1953  |                           |   |  |
| 24CS. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24CT. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24CU. DATE<br>Oct. 7 1953  |                           |   |  |
| 24CV. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24CW. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24CX. DATE<br>Oct. 7 1953  |                           |   |  |
| 24CY. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24CZ. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24DA. DATE<br>Oct. 7 1953  |                           |   |  |
| 24DB. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24DC. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24DD. DATE<br>Oct. 7 1953  |                           |   |  |
| 24DE. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24DE. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24DF. DATE<br>Oct. 7 1953  |                           |   |  |
| 24DG. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24DG. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24DH. DATE<br>Oct. 7 1953  |                           |   |  |
| 24DI. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24DI. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24DJ. DATE<br>Oct. 7 1953  |                           |   |  |
| 24DK. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24DK. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24DL. DATE<br>Oct. 7 1953  |                           |   |  |
| 24DM. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24DM. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24DN. DATE<br>Oct. 7 1953  |                           |   |  |
| 24DO. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24DO. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24DP. DATE<br>Oct. 7 1953  |                           |   |  |
| 24DQ. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24DQ. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24DR. DATE<br>Oct. 7 1953  |                           |   |  |
| 24DS. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24DS. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24DT. DATE<br>Oct. 7 1953  |                           |   |  |
| 24DU. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24DU. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24DV. DATE<br>Oct. 7 1953  |                           |   |  |
| 24DV. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24DV. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24DV. DATE<br>Oct. 7 1953  |                           |   |  |
| 24DV. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24DV. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24DV. DATE<br>Oct. 7 1953  |                           |   |  |
| 24DV. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24DV. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24DV. DATE<br>Oct. 7 1953  |                           |   |  |
| 24DV. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24DV. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24DV. DATE<br>Oct. 7 1953  |                           |   |  |
| 24DV. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24DV. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24DV. DATE<br>Oct. 7 1953  |                           |   |  |
| 24DV. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer Cemetery  |                           | 24DV. LOCATION (City, town, or county) (State)<br>4430 Belair Rd.   |  |
| 24DV. DATE<br>Oct. 7 1953  |                           |   |  |
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STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILE NO. 100-100000

TOP NO.

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

PREVIOUS ILLNESS

DIAGNOSIS

TESTS

TREATMENT

PROGNOSIS

COMMENTS

SIGNATURE

DATE

PLACE

REMARKS



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

53 8886

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Joseph MERCURIO

2. DATE  
OF  
DEATH

10/4/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence  
before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or  
location)HOSPITAL OR  
INSTITUTION

42 Sirai Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give  
township)

Baltimore

6-02

c. Length of stay in Baltimore

44 Yrs. Mos. Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE ☒ MARRIED  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 2 1899

9. AGE (In years  
last birthday)

54

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR  
INDUSTRY

Tailor Shop

11. BIRTHPLACE (State or foreign country)

Larino Italy

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Vincenzo Mercurio

14. MOTHER'S MAIDEN NAME

Maddalena Trevisano

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

214-03-4875

17. INFORMANT

ADDRESS

Marie T. Asmussen 2602 E. Fayette St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Acute Myocardial Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

ASCVD  
Pulmonary edema

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/17, 1953 to 10/4, 1953 that I last saw the  
deceased alive on 10/4, 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

David G. Galt

23B. ADDRESS

Sirai Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Oct. 8 1953

Holy Redeemer Cemetery

4430 Belair Rd.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 6 - 1953

Huntington Williams, Frank Della 322 S. High St.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

53 8887  
Registered No. 8887

A-536  
53 8887  
BIRTH NO.

|   |                                    |  |  |  |   |
|---|------------------------------------|--|--|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>JAMES ANDERSON</b>  |                                    |  | 2. DATE OF DEATH <b>Oct. 5, 1953</b>   |  |   |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland   |                                    |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Maryland</b><br>b. COUNTY |  |   |
| b. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>Johns Hopkins Hospital</b> |                                    |  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                               |  |   |
| c. Length of stay in Baltimore  |                                    |  | d. STREET ADDRESS (If rural, give location)<br><b>1517 W. Lexington Street</b>   |  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>Colored</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>SINGLE</b> | 8. DATE OF BIRTH<br><b>6-6-1906</b>  | 9. AGE (in years last birthday)<br><b>47</b> | 10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>LABORER</b>         |                                    |  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>CONTRACTOR</b>   |  |   |
| 11. BIRTHPLACE (State or foreign country)<br><b>VA.</b>   |                                    |  | 12. CITIZEN OF WHAT COUNTRY?   |  |   |
| 13. FATHER'S NAME<br><b>Jeff ANDERSON</b>   |                                    |  | 14. MOTHER'S MAIDEN NAME<br><b>EVA DAVIS</b>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b> |                                    |  | 16. SOCIAL SECURITY NO.  |  |   |
| 17. INFORMANT   |                                    |  | ADDRESS <input checked="" type="checkbox"/>  |  |   |

18. **022X**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Massive hemothorax**

DUE TO **ruptured luetic aneurysm of aorta**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐  
M.D. **Oct. 5, 1953**

|  |   |   |   |
|--|---|---|---|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 24B. DATE<br><b>10-8-53</b>                               | 24C. NAME OF CEMETERY OR CREMATORY<br><b>MT. CALVARY</b>                | 24D. LOCATION (City, town, or county) (State)<br><b>A.A. COUNTY, MD</b> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 6 - 1953</b>    | REGISTRAR'S SIGNATURE<br><b>Huntington Williams, M.D.</b> | 25. FUNERAL DIRECTOR<br><b>Joseph B. Locks, Jr. 1304 N. Central Ave</b> |   |

V S 151

97024

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1880

1880

RECEIVED

OFFICE OF THE

SECRETARY OF THE

NAVY

WASHINGTON

DECEMBER 10

1880

TO THE SECRETARY

OF THE NAVY

FROM THE

NAVY DEPARTMENT

WASHINGTON

DECEMBER 10

1880

TO THE SECRETARY

OF THE NAVY

FROM THE

NAVY DEPARTMENT

WASHINGTON

53 8888

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8888

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Clarence Snowden

2. DATE  
OF  
DEATH

10-3-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence  
before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

39 Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore 17-01

D. STREET ADDRESS (If rural, give location)

631 George St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 11, 18

9. AGE (In years,  
last birthday)

58

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR  
INDUSTRY

Cust.

11. BIRTHPLACE (State or foreign country)

Greenspring Valley Md. U.S.A.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Snowden

14. MOTHER'S MARRIED NAME

Hannah Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Marie Snowden 631 George St.

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cardio Vascular Accident

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Hypertensive Heart Disease  
with sec Rt. Hemiplegia

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Pulmonary Embolism

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-27, 1953, to 10-3, 1953, that I last saw the  
deceased alive on 10-3, 1953, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Josa R. Reynolds M.D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

10-3-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 7, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

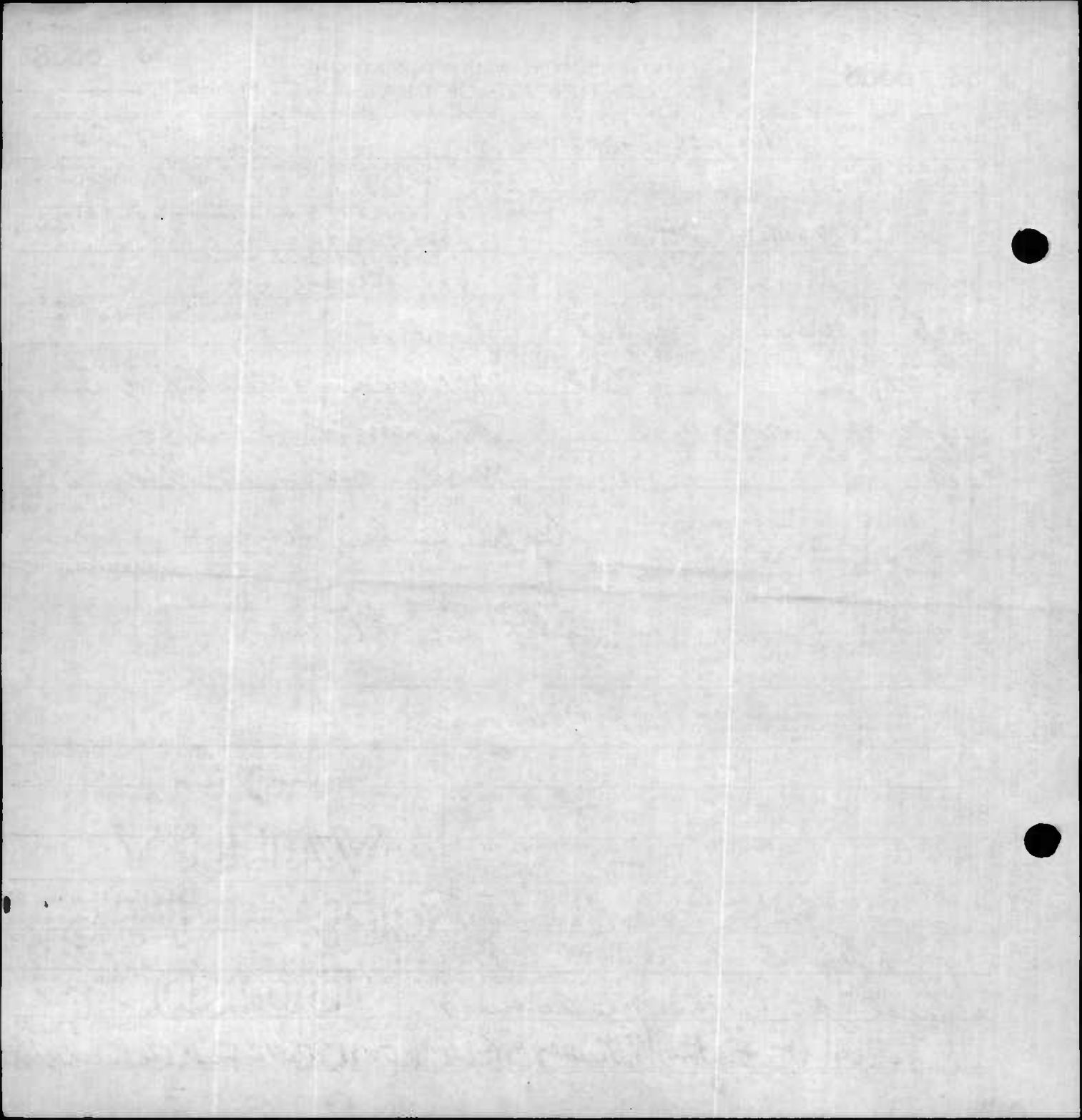
Mrs. Katie R. Williams

ADDRESS

322 N. Scholten St.

VS 150

7548X





620  
322  
53 8889BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8889

Registered No. \_\_\_\_\_

IRTH NO.

|   |                               |   |   |
|---|-------------------------------|---|---|
| NAME OF DECEASED<br>(Type or Print) <b>STEVEN SKIRKA</b> <sup>1</sup> <b>ALSO KNOWN AS</b> <sup>2</sup> <b>STEPHEN (STASIS) STASIS SKERKE</b>   |                               | 2. DATE OF DEATH <b>OCTOBER 20, 1953</b>  |   |
| PLACE OF DEATH:<br>Baltimore City, Maryland   |                               | 4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)<br>A. STATE <b>MARYLAND</b> B. COUNTY _____ |   |
| FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>805 WOODWARD ST.</b>  |                               | C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)<br><b>BALTIMORE</b> <b>30</b> <b>21-01</b>          |   |
| Length of stay in Baltimore<br>Yrs. <b>44</b> Mos. _____ Days _____   |                               | D. STREET ADDRESS (If rural, give location)<br><b>805 WOODWARD ST.</b>  |   |
| SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  | 8. DATE OF BIRTH <b>DEC. 15, 1888</b>                           |
| 9. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)<br><b>BUSS. BOY</b>  |                               | 10B. KIND OF BUSINESS OR INDUSTRY <b>LAIRD. BALTIMORE</b>   | 9. AGE (In years last birthday) <b>64</b>                       |
| FATHER'S NAME <b>UNKNOWN.</b>   |                               | 11. BIRTHPLACE (State or foreign country)<br><b>LITHUANIA</b>   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                   |
| 13. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>   |                               | 14. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><b>No.</b>   |                               | 16. SOCIAL SECURITY NO.<br><b>212-01-9120</b>   | 17. INFORMANT ADDRESS<br><b>VINCENT SKIRKA 805 WOODWARD ST.</b> |
| 18. <b>153X</b> I<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Carcinoma of breast</b><br>CAUSE OF DEATH<br>(A) _____ DUE TO _____<br>(B) _____ DUE TO _____<br>(C) _____ DUE TO _____<br>INTERVAL BETWEEN ONSET AND DEATH<br><b>6 months</b> |                               |   |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                               |   |   |
| 19A. DATE OF OPERATION<br><b>5/8/53</b>   |                               | 19B. MAJOR FINDINGS OF OPERATION<br><b>Carcinoma of breast</b>  |   |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                               |   |   |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |                               | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |   |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                               |   |   |
| 21D. TIME (Month) (Day) (Year) (Hour) _____   |                               | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                            |   |
| 21F. HOW DID INJURY OCCUR?  |                               |   |   |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.   |                               |   |   |
| 23A. SIGNATURE<br><b>Paul H. Hilde</b>  |                               | 23B. ADDRESS<br><b>Bol Annapolis</b>  |   |
| 23C. DATE SIGNED<br><b>10/5/53</b>  |                               |   |   |
| A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |                               | 24B. DATE<br><b>OCTOBER 7/53</b>  |   |
| 24C. NAME OF CEMETERY OR CREMATORY<br><b>HOLY REDEEMER</b>  |                               | 24D. LOCATION (City, town, or county) (State)<br><b>BELAIR RD. BALTO. 16-MD.</b>  |   |
| 25. FUNERAL DIRECTOR<br><b>Thurston William, MRS. W. KACHAUSKAS</b>   |                               | ADDRESS<br><b>703 McHENRY ST.</b>   |   |
| RECEIVED BY CAL REGISTRAR<br><b>ACT 6-1953</b>  |                               | VS 150  |   |

790 FB

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MAT-174963 J-520

53 8890

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8890

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

S.  
William Jones

2. DATE OF DEATH  
Oct. 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE  
Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE  
Baltimore City Hospitals  
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)  
2139 Mt. Holly St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

July 9, 1879

9. AGE (In years last birthday)

74

10. Under 1 Year  
Months: Days

11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Berry Jones

14. MOTHER'S MAIDEN NAME

Julia E. Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.  
220-30-6773

17. INFORMANT ADDRESS  
B. C.H. 4940 Eastern Ave. (records)

18. 180X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Advance Carcinoma of Kidney Generalized  
DUE TO with Metastasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?  
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-24, 1953, to 10-5, 1953, that I last saw the deceased alive on 10-5, 1953, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Jones, M.D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED  
10-5-1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-7-1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

VS 150

58399

MARGIN RESERVED FOR BINDING  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

OCT 6 - 1953

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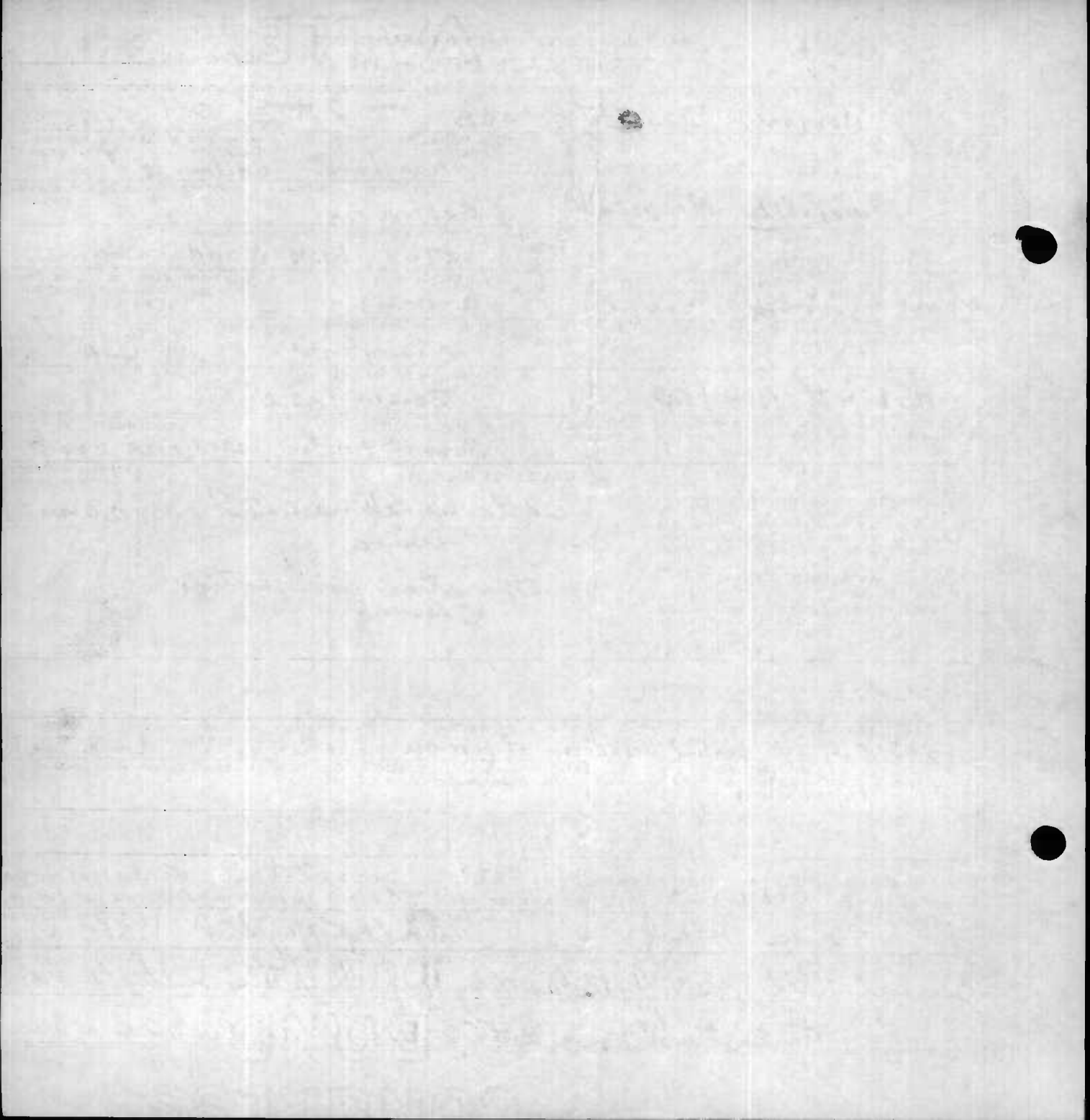
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8891  
Registered No.

BIRTH NO. 49-26707 HORTON

|  |                                    |  |   |
|--|------------------------------------|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Horton, Jesse Thomas</b>   |                                    | 2. DATE OF DEATH<br><b>Oct. 5, 1953</b>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                    | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b> |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>University Hospital</b> |                                    | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore 25-32</b>                                       |   |
| c. Length of stay in Baltimore<br><b>3 Yrs. 10 Mos. Days</b>   |                                    | D. STREET ADDRESS (If rural, give location)<br><b>2708 Fisk Road Zone 25</b>   |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Colored</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b>   | 8. DATE OF BIRTH<br><b>12-11-49</b>         |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                        |                                    | 10B. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (In years last birthday)<br><b>3</b> |
| 13. FATHER'S NAME<br><b>Robert Horton</b>  |                                    | 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  |                                    | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |   |
| 16. SOCIAL SECURITY NO.  |                                    | 14. MOTHER'S MAIDEN NAME<br><b>Jessie Tate</b>   |   |
| 17. INFORMANT<br><b>Robert Horton</b>  |                                    | ADDRESS<br><b>2708 Fisk Road</b>   |   |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 18. <b>193X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Leptocystic parietal leucoma</b>    |  | CAUSE OF DEATH<br><b>Leptocystic parietal leucoma</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>30 months</b>                                |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Operation for resection of leucoma</b>  |  | (B) <b>Operation for resection of leucoma</b>  |  |   |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |  |  |   |  |
| 19A. DATE OF OPERATION<br><b>8-8-53</b>  |  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED<br><b>partial resection of leucoma</b>                |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              |  | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>Oct 1, 1953</b> , to <b>Oct 5, 1953</b> , that I last saw the deceased alive on <b>Oct. 4, 1953</b> , and that death occurred at <b>8:00 A. M.</b> , from the causes and on the date stated above. |  |  |  |   |  |
| 23A. SIGNATURE<br><b>James Read</b>  |  | 23B. ADDRESS<br><b>University Hospital</b>   |  | 23C. DATE SIGNED<br><b>Oct 5 - 1953</b>   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24B. DATE<br><b>Oct. 8, 1953</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Arbutus Mem. Park</b>                      |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Arbutus, Balto. Co. Md.</b>  |  | 25. FUNERAL DIRECTOR<br><b>Huntington Williams, Jr.</b>  |  | ADDRESS<br><b>Charles R. Law, 802 Madison Ave</b>                                   |  |

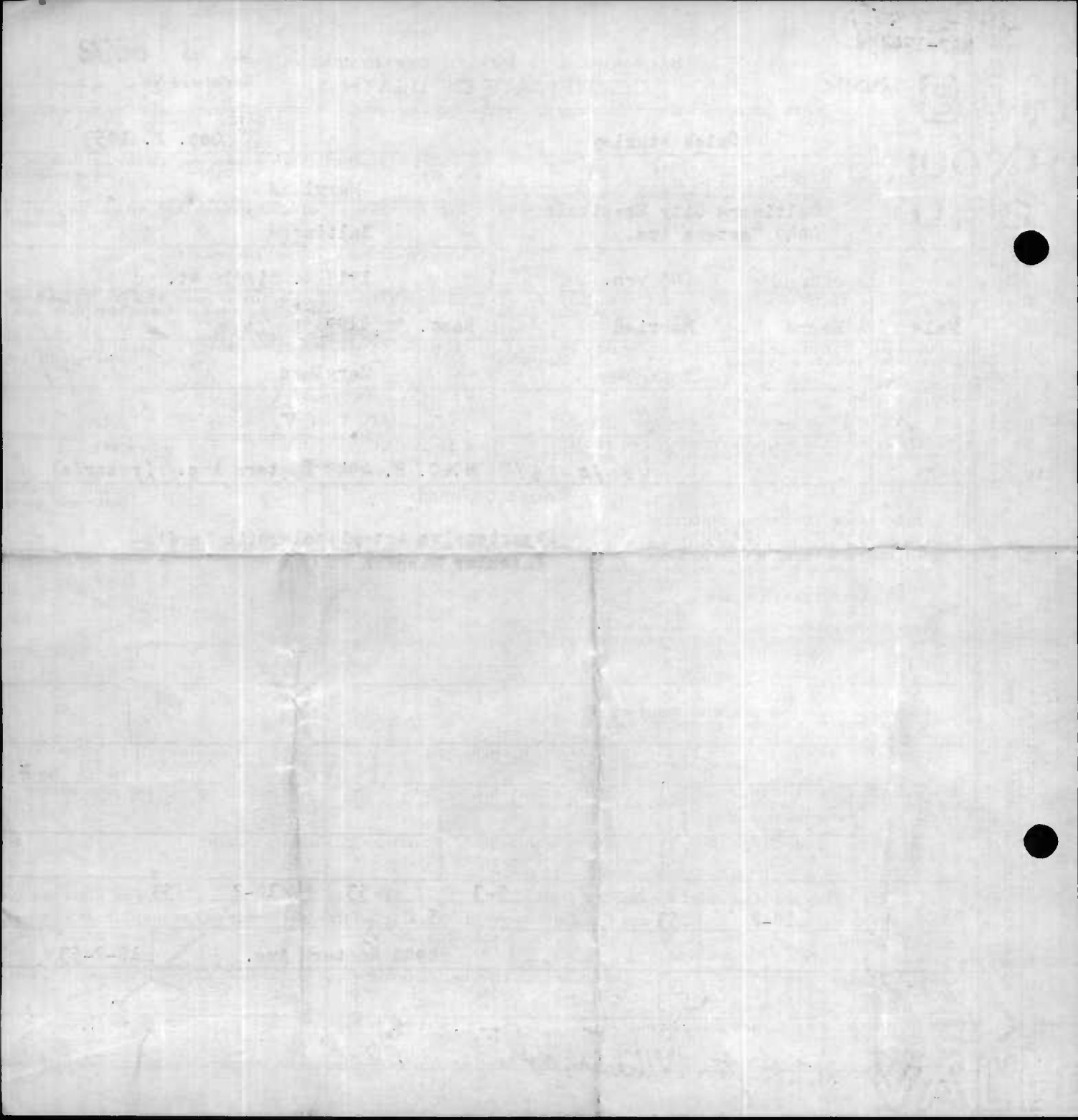
OCT 6 - 1953  
VS 150





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8892  
Registered No.53 8892  
BIRTH NO.

|  |                                  |  |  |  |   |
|--|----------------------------------|--|--|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Caleb Stanley</b>  |                                  |  | 2. DATE OF DEATH <b>Oct. 2, 1953</b>   |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>Balto, City</b>   |                                  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTE <b>Baltimore City Hospitals</b><br><b>4940 Eastern Ave.</b>  |                                  |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b> <b>10-01</b>                  |  |   |
| c. Length of stay in Baltimore <b>45 yrs.</b>  |                                  |  | D. STREET ADDRESS (If rural, give location)<br><b>1315 E. Biddle St.</b>   |  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Negro</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>                                      | 8. DATE OF BIRTH<br><b>Sept. 30, 1880</b>  |  | 9. AGE (In years birthday) <b>73</b><br>If Under 1 Year: Months: Days<br>If Under 24 Hours: Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Shoe</b>   |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Dairy</b>  |  | 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b>             |   |
| 13. FATHER'S NAME<br><b>John Stanley</b>   |                                  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>no</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>16-10-8478</b>   |  | 14. MOTHER'S MAIDEN NAME<br><b>Margaret Stanley</b>                      |   |
| 17. INFORMANT<br><b>B. C. H. 4940 Eastern Ave. (records)</b>   |                                  |  | ADDRESS  |  |   |
| 18. <b>443X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Hypertensive Arteriosclerotic Cardiovascular Disease</b><br>DUE TO<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                                  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |
| 19A. DATE OF OPERATION   |                                  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   |  | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   |   |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  |                                  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |                                  | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <b>9-3</b> , 19 <b>53</b> to <b>10-2</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10-2</b> , 19 <b>53</b> and that death occurred at <b>9 P</b> m., from the causes and on the date stated above.  |                                  |  |  |  |   |
| 23A. SIGNATURE<br><b>H. J. [Signature]</b>   |                                  | 23B. ADDRESS<br><b>4940 Eastern Ave.</b>   |  | 23C. DATE SIGNED<br><b>10-2-53</b>                                       |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 24B. DATE<br><b>10-6-53</b>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Brooklyn</b>                    |   |
| 24D. LOCATION (City, town, or county) (State)<br><b>Brooklyn, Md.</b>  |                                  | 24E. NAME OF CEMETERY OR CREMATORY<br><b>Brooklyn</b>  |  | 24F. LOCATION (City, town, or county) (State)<br><b>Brooklyn, Md.</b>    |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 6 - 1953</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>Huntington Williams, M.D.</b>  |  | 25. FUNERAL DIRECTOR<br><b>Elmer O. Wilson 1000 Brantley</b>             |   |
| VS 150   |                                  | 9-7041   |  |  |   |



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-300  
53 8893

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8893  
Registered No.

|  |                                    |   |  |  |  |
|--|------------------------------------|---|--|--|--|
| BIRTH NO.  |                                    | 1. NAME OF DECEASED<br>(Type or Print) <i>Martha Wood</i>   |  | 2. DATE OF DEATH<br><i>Oct. 3, 1953</i>                                |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>Med. Office</i>   |                                    | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>md</i> |  | B. COUNTY <i>7-03</i>  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>JOHNS HOPKINS HOSPITAL</i>                                       |                                    | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore 5</i>          |  | D. STREET ADDRESS (If rural, give location)<br><i>514 N. Duncan St</i> |  |
| c. Length of stay in Baltimore <i>6 yrs.</i>   |                                    | Yrs. Mos. Days  |  |  |  |
| 5. SEX<br><i>Female</i>  | 6. COLOR OR RACE<br><i>Colored</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Single</i>  |  | 8. DATE OF BIRTH<br><i>10- - 05 47</i>                                 |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Domestic</i> |                                    | 10b. KIND OF BUSINESS OR INDUSTRY<br><i>at Home</i>   |  | 11. BIRTHPLACE (State or foreign country)<br><i>Laurens Va</i>         |  |
| 13. FATHER'S NAME<br><i>Elijah Duggs</i>   |                                    | 14. MOTHER'S MAIDEN NAME<br><i>Sarah Fontenay</i>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.A.</i>                          |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><i>no</i>                                 |                                    | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT ADDRESS<br><i>JOHNS HOPKINS HOSPITAL</i>                 |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 18. <i>443X</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Cerebral Hemorrhage</i> |  | CAUSE OF DEATH<br><i>Cerebral Hemorrhage</i>             |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>8d</i> |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |  | (A) DUE TO<br><i>Hypertensive Cardiovascular Disease</i> |  | (B) DUE TO<br><i>?</i>                        |  |
| (C)   |  |  |  |   |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |  |   |  |  |  |
| 19A. DATE OF OPERATION<br><i>0</i>   |  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |  | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II                                 |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                  |  | 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  |
| 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?   |  | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  |
| 21F. HOW DID INJURY OCCUR?   |  | 22. I hereby certify that I attended the deceased from <i>9-25-</i> , 19 <i>53</i> , to <i>10-3-</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>10-3-</i> , 19 <i>53</i> , and that death occurred at <i>10:55</i> a.m., from the causes and on the date stated above. |  | 23A. SIGNATURE<br><i>Thomas R. Harris</i>  |  |
| 23B. ADDRESS<br><i>JOHNS HOPKINS HOSPITAL</i>  |  | 23C. DATE SIGNED<br><i>10/4/53</i>  |  |  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>   |  | 24B. DATE<br><i>10-8-53</i>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>old St John</i>   |  |
| 24D. LOCATION (City, town, or county)<br><i>Laurens Va</i>   |  | 25. FUNERAL DIRECTOR<br><i>Huntington, William, 1100 E. Wilson</i>  |  | ADDRESS<br><i>Baltimore</i>  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>OCT 6 - 1953</i>  |  | REGISTRAR'S SIGNATURE<br><i>Huntington, William</i>   |  | VS 150   |  |

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53 8894

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8894  
Registered No.1. NAME OF DECEASED  
(Type or Print)

EDWARD J. ARMSTRONG

2. DATE  
OF  
DEATH

October 4, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

South Baltimore General Hosp.

Yrs.  
Mos.  
Days

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
single

8. DATE OF BIRTH

Dec. 15, 1928

9. AGE (In years  
last birthday)

24

If Under 1 Year  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Ex Sargent

10b. KIND OF BUSINESS OR  
INDUSTRY

U. S. Army

11. BIRTHPLACE (State or foreign country)

Warren, Ohio

12. CITIZEN OF  
WHAT COUNTRY?  
U. S. A.

13. FATHER'S NAME

Lorenz W. Armstrong

14. MOTHER'S MAIDEN NAME

Edith Moss

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W. W. II

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Edith Armstrong, Florey Ave., Warren, Ohio

18. E 904.5 and 322.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cranio-cerebral injury with

~~large~~ massive extradural hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

street

21c. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

200 block S. Paca St.

22 2

21d. TIME (Month) (Day) (Year) (Hour)

Oct. 4, 1953 2:30 A. m.

21e. INJURY OCCURRED  
OF INJURYWHILE AT ☐ NOT WHILE ☒  
WORK AT WORK

21f. HOW DID INJURY OCCUR?

Apparently fell while intoxicated

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE

R. Fisher

23b. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐23c. DATE SIGNED  
10/5/5324a. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
removal

24b. DATE

10/6/53

24c. NAME OF CEMETERY OR CREMATORY

Crown Hill Cemetery

24d. LOCATION (City, town, or county)

Trumble County, Ohio

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

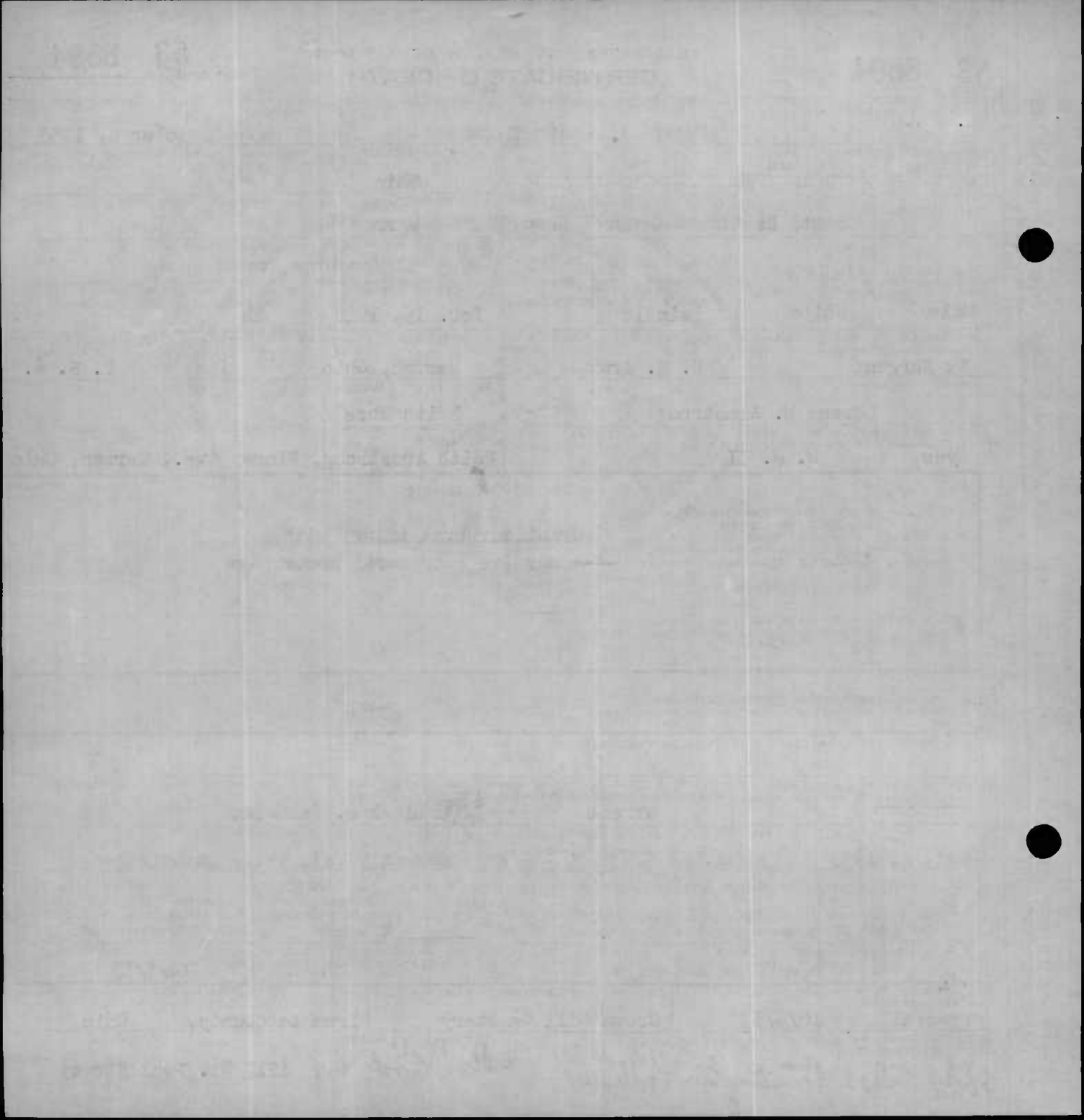
OCT 6 - 1953

Huntington Williams &amp; Son, 1217 St. Paul Street

VS 151

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8895

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 526X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-7, 1923 to 10-4, 1923, that I last saw the deceased alive on 10-4, 1923, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

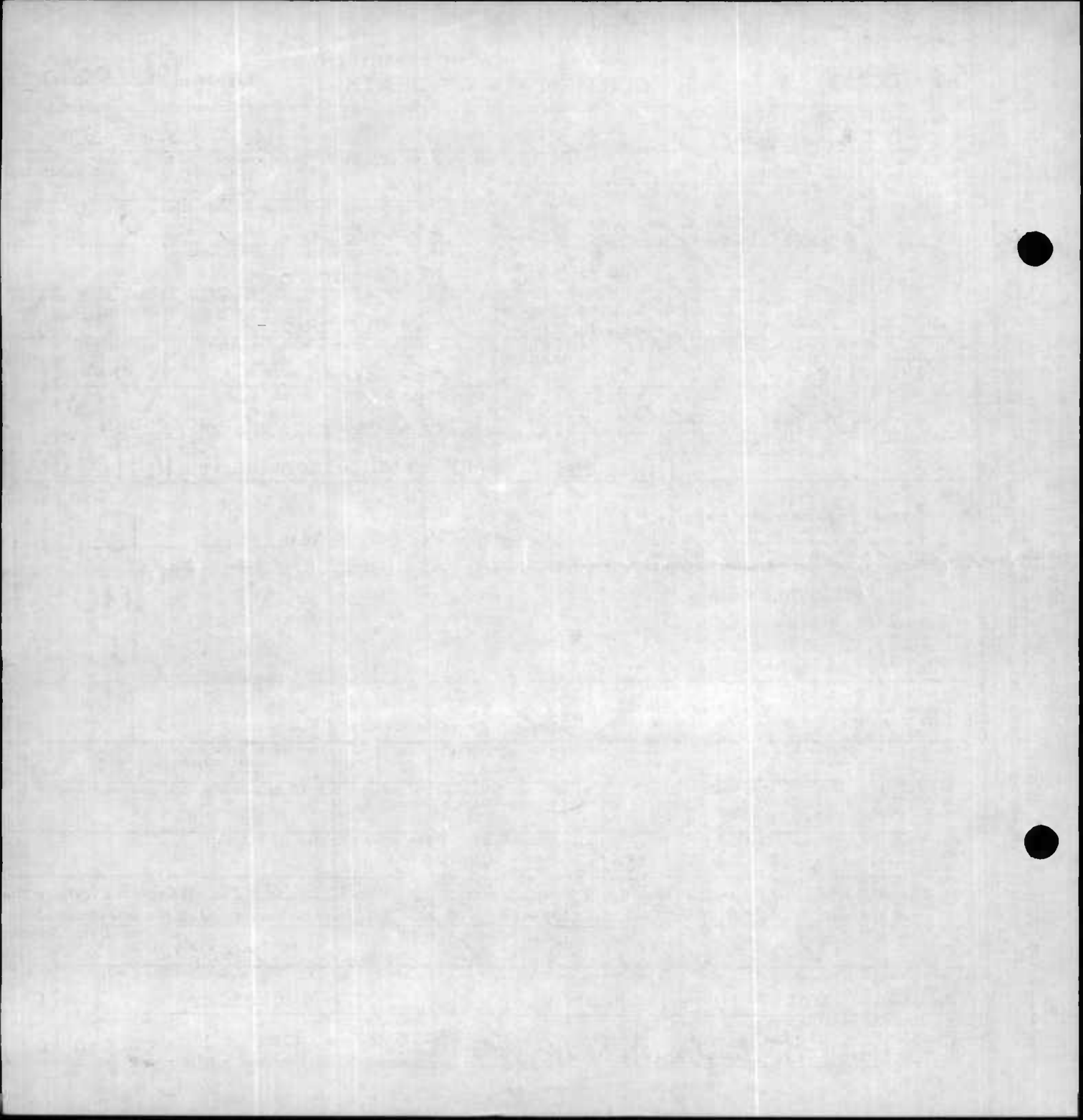
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8896  
Registered No.

53 8896  
BIRTH NO.

|  |                                  |   |  |  |  |
|--|----------------------------------|---|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>JOSEPH PROTISKI</b>  |                                  |   | 2. DATE OF DEATH<br><b>October 5, 1953</b>   |  |  |
| 3. PLACE OF DEATH:<br>a. <b>Baltimore City, Maryland</b>   |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Maryland</b><br>b. COUNTY |  |  |
| b. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Baltimore City Hospitals</b>   |                                  |   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                               |  |  |
| c. Length of stay in Baltimore <b>40 yrs</b>   |                                  |   | d. STREET ADDRESS (If rural, give location)<br><b>645 S. Lehigh Street</b>   |  |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED Widowed</b> | 8. DATE OF BIRTH<br><b>4-15-88</b>   |  | 9. AGE (In years last birthday)<br><b>65</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>      |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Crown Cork &amp; Seal Co.</b>     | 11. BIRTHPLACE (State or foreign country)<br><b>Russia</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |
| 13. FATHER'S NAME<br><b>Unknown</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>(If yes, give war or dates of service)</b> |                                  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT ADDRESS<br><b>Walter W. Protiski-1927 Walnut Ave. 22</b>   |  |  |

|   |  |                                  |
|---|--|----------------------------------|
| 18. <b>420.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Arteriosclerotic cardiovascular disease</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
| (A) <b>Coronary insufficiency</b>   |  |                                  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>DUE TO</b>   |  |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |                                  |

|  |  |  |  |   |
|--|--|--|--|---|
| 19A. DATE OF OPERATION   |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

|  |                             |   |  |
|--|-----------------------------|---|--|
| 23A. SIGNATURE<br><i>William J. Hunt</i>                   |                             | 23B. CHIEF MEDICAL EXAMINER.....<br>M.D. ASSISTANT MEDICAL EXAMINER.....<br>MEDICAL INVESTIGATOR..... | 23C. DATE SIGNED<br><b>Oct. 6, 1953</b>                                |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24B. DATE<br><b>10-8-53</b> | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Parkwood</b>   | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore, Md.</b> |

|   |   |   |
|---|---|---|
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 6 - 1953</b> | REGISTRAR'S SIGNATURE<br><i>Huntington Williams, M.D.</i> | 25. FUNERAL DIRECTOR ADDRESS<br><b>Lilly &amp; Zeiler, Inc. 403 S. Wolfe Street</b> |
|---|---|---|

97032

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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THE OFFICE OF THE  
ATTORNEY GENERAL

14

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LINKOUS  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8897  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John Linkous

2. DATE  
OF  
DEATH

10-4-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 18-03

D. STREET ADDRESS (If rural, give location)

124 Carrollton St. (South)

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

FEB 3, 1877

9. AGE (In years

last birthday)

76

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

IRON WORKER

11. BIRTHPLACE (State or foreign country)

BLACKSBURG, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JOHN H. LINKOUS

14. MOTHER'S MAIDEN NAME

ELIZABETH HAYMAKER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

HOSPITAL RECORDS

18.

H34.1  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Pulmonary Edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Heart Failure

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-4, 1953, to 10-4, 1953, that I last saw the deceased alive on 10-4, 1953 and that death occurred at 1:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

L. W. L. J.

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

10-6-53

24A. MANNER OF CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 6 - 1953

VS 150

Huntington Williams, M.D.  
J. L. L. J. Curran

Feb 11 1877

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Received of

James H. Jones

WATLEY  
CONGREGATIONAL  
CHURCH  
BOND  
JAN 14 1877

James H. Jones



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

53 8898  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ROBERT T. DOAR

2. DATE  
OF  
DEATH

October 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

612 E. Lombard Street

C. Length of stay in Baltimore

9-- Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 14, 1903

9. AGE (In years last birthday)

50

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chief Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Merchant Marines

11. BIRTHPLACE (State or foreign country)

S. Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Arthur E. Doar

14. MOTHER'S MAIDEN NAME

Margaret O'Brien

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

250-09-6344

17. INFORMANT

214 B. Ashley Ave.  
Mrs. Mamie D. Cannon Charleston, S.C.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

ANTECEDENT CAUSES

(B) Cirrhosis of the liver

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*William J. Strong*

23B. CHIEF MEDICAL EXAMINER.....☐  
ASSISTANT MEDICAL EXAMINER.....☒  
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Oct. 6, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-8-1953

24C. NAME OF CEMETERY OR CREMATORY

St. Lawrence Cem.

24D. LOCATION (City, town, or county)

Charleston,

S. Carolina

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington*

25. FUNERAL DIRECTOR

ADDRESS

Howard Strong 3207 W. North Ave.

VS 151

js

24055

*[Signature]*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The following is a list of the lands which have been surveyed and patented by the General Land Office during the year 1890. The lands are listed in alphabetical order of the names of the patentees. The first column gives the name of the patentee, the second column gives the number of the patent, the third column gives the date of the patent, and the fourth column gives the number of acres of land patented.

| Name of Patentee | Number of Patent | Date of Patent | Number of Acres |
|------------------|------------------|----------------|-----------------|
| Adams, John      | 1000             | Jan. 1, 1890   | 100             |
| Adams, John      | 1001             | Jan. 1, 1890   | 100             |
| Adams, John      | 1002             | Jan. 1, 1890   | 100             |
| Adams, John      | 1003             | Jan. 1, 1890   | 100             |
| Adams, John      | 1004             | Jan. 1, 1890   | 100             |
| Adams, John      | 1005             | Jan. 1, 1890   | 100             |
| Adams, John      | 1006             | Jan. 1, 1890   | 100             |
| Adams, John      | 1007             | Jan. 1, 1890   | 100             |
| Adams, John      | 1008             | Jan. 1, 1890   | 100             |
| Adams, John      | 1009             | Jan. 1, 1890   | 100             |
| Adams, John      | 1010             | Jan. 1, 1890   | 100             |
| Adams, John      | 1011             | Jan. 1, 1890   | 100             |
| Adams, John      | 1012             | Jan. 1, 1890   | 100             |
| Adams, John      | 1013             | Jan. 1, 1890   | 100             |
| Adams, John      | 1014             | Jan. 1, 1890   | 100             |
| Adams, John      | 1015             | Jan. 1, 1890   | 100             |
| Adams, John      | 1016             | Jan. 1, 1890   | 100             |
| Adams, John      | 1017             | Jan. 1, 1890   | 100             |
| Adams, John      | 1018             | Jan. 1, 1890   | 100             |
| Adams, John      | 1019             | Jan. 1, 1890   | 100             |
| Adams, John      | 1020             | Jan. 1, 1890   | 100             |
| Adams, John      | 1021             | Jan. 1, 1890   | 100             |
| Adams, John      | 1022             | Jan. 1, 1890   | 100             |
| Adams, John      | 1023             | Jan. 1, 1890   | 100             |
| Adams, John      | 1024             | Jan. 1, 1890   | 100             |
| Adams, John      | 1025             | Jan. 1, 1890   | 100             |
| Adams, John      | 1026             | Jan. 1, 1890   | 100             |
| Adams, John      | 1027             | Jan. 1, 1890   | 100             |
| Adams, John      | 1028             | Jan. 1, 1890   | 100             |
| Adams, John      | 1029             | Jan. 1, 1890   | 100             |
| Adams, John      | 1030             | Jan. 1, 1890   | 100             |
| Adams, John      | 1031             | Jan. 1, 1890   | 100             |
| Adams, John      | 1032             | Jan. 1, 1890   | 100             |
| Adams, John      | 1033             | Jan. 1, 1890   | 100             |
| Adams, John      | 1034             | Jan. 1, 1890   | 100             |
| Adams, John      | 1035             | Jan. 1, 1890   | 100             |
| Adams, John      | 1036             | Jan. 1, 1890   | 100             |
| Adams, John      | 1037             | Jan. 1, 1890   | 100             |
| Adams, John      | 1038             | Jan. 1, 1890   | 100             |
| Adams, John      | 1039             | Jan. 1, 1890   | 100             |
| Adams, John      | 1040             | Jan. 1, 1890   | 100             |
| Adams, John      | 1041             | Jan. 1, 1890   | 100             |
| Adams, John      | 1042             | Jan. 1, 1890   | 100             |
| Adams, John      | 1043             | Jan. 1, 1890   | 100             |
| Adams, John      | 1044             | Jan. 1, 1890   | 100             |
| Adams, John      | 1045             | Jan. 1, 1890   | 100             |
| Adams, John      | 1046             | Jan. 1, 1890   | 100             |
| Adams, John      | 1047             | Jan. 1, 1890   | 100             |
| Adams, John      | 1048             | Jan. 1, 1890   | 100             |
| Adams, John      | 1049             | Jan. 1, 1890   | 100             |
| Adams, John      | 1050             | Jan. 1, 1890   | 100             |
| Adams, John      | 1051             | Jan. 1, 1890   | 100             |
| Adams, John      | 1052             | Jan. 1, 1890   | 100             |
| Adams, John      | 1053             | Jan. 1, 1890   | 100             |
| Adams, John      | 1054             | Jan. 1, 1890   | 100             |
| Adams, John      | 1055             | Jan. 1, 1890   | 100             |
| Adams, John      | 1056             | Jan. 1, 1890   | 100             |
| Adams, John      | 1057             | Jan. 1, 1890   | 100             |
| Adams, John      | 1058             | Jan. 1, 1890   | 100             |
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| Adams, John      | 1062             | Jan. 1, 1890   | 100             |
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| Adams, John      | 1065             | Jan. 1, 1890   | 100             |
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| Adams, John      | 1067             | Jan. 1, 1890   | 100             |
| Adams, John      | 1068             | Jan. 1, 1890   | 100             |
| Adams, John      | 1069             | Jan. 1, 1890   | 100             |
| Adams, John      | 1070             | Jan. 1, 1890   | 100             |
| Adams, John      | 1071             | Jan. 1, 1890   | 100             |
| Adams, John      | 1072             | Jan. 1, 1890   | 100             |
| Adams, John      | 1073             | Jan. 1, 1890   | 100             |
| Adams, John      | 1074             | Jan. 1, 1890   | 100             |
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| Adams, John      | 1076             | Jan. 1, 1890   | 100             |
| Adams, John      | 1077             | Jan. 1, 1890   | 100             |
| Adams, John      | 1078             | Jan. 1, 1890   | 100             |
| Adams, John      | 1079             | Jan. 1, 1890   | 100             |
| Adams, John      | 1080             | Jan. 1, 1890   | 100             |
| Adams, John      | 1081             | Jan. 1, 1890   | 100             |
| Adams, John      | 1082             | Jan. 1, 1890   | 100             |
| Adams, John      | 1083             | Jan. 1, 1890   | 100             |
| Adams, John      | 1084             | Jan. 1, 1890   | 100             |
| Adams, John      | 1085             | Jan. 1, 1890   | 100             |
| Adams, John      | 1086             | Jan. 1, 1890   | 100             |
| Adams, John      | 1087             | Jan. 1, 1890   | 100             |
| Adams, John      | 1088             | Jan. 1, 1890   | 100             |
| Adams, John      | 1089             | Jan. 1, 1890   | 100             |
| Adams, John      | 1090             | Jan. 1, 1890   | 100             |
| Adams, John      | 1091             | Jan. 1, 1890   | 100             |
| Adams, John      | 1092             | Jan. 1, 1890   | 100             |
| Adams, John      | 1093             | Jan. 1, 1890   | 100             |
| Adams, John      | 1094             | Jan. 1, 1890   | 100             |
| Adams, John      | 1095             | Jan. 1, 1890   | 100             |
| Adams, John      | 1096             | Jan. 1, 1890   | 100             |
| Adams, John      | 1097             | Jan. 1, 1890   | 100             |
| Adams, John      | 1098             | Jan. 1, 1890   | 100             |
| Adams, John      | 1099             | Jan. 1, 1890   | 100             |
| Adams, John      | 1100             | Jan. 1, 1890   | 100             |

53 8899

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8899  
Registered No.

BIRTH NO.

|  |                            |   |                                   |
|--|----------------------------|---|-----------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <b>META E. GSCHNEIDINGER</b>  |                            | 2. DATE OF DEATH <b>10/5/53</b>   |                                   |
| 3. PLACE OF DEATH:<br>Baltimore City, Maryland <b>A</b>  |                            | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MD</b> B. COUNTY |                                   |
| 5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><b>4711 Park Hts. Ave</b>   |                            | 6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>BALTIMORE 27-16</b>                |                                   |
| 7. Length of stay in Baltimore <b>23</b>   |                            | 8. D. STREET ADDRESS (If rural, give location)<br><b>4711 PARK HTS. AVE.</b>  |                                   |
| 9. SEX <b>F</b>  | 10. COLOR OR RACE <b>W</b> | 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>WIDOW</b>  | 12. DATE OF BIRTH <b>5/1/1866</b> |
| 13. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)<br><b>Homemaker</b>  |                            | 14. AGE (In years last birthday) <b>87</b>  |                                   |
| 15. KIND OF BUSINESS OR INDUSTRY<br><b>at home</b>   |                            | 16. BIRTHPLACE (State or foreign country)<br><b>Germany</b>   |                                   |
| 17. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |                            | 18. MOTHER'S MAIDEN NAME<br><b>IDA M. FRERICH</b>   |                                   |
| 19. FATHER'S NAME<br><b>JOHAN FRESEMAN</b>   |                            | 20. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(If yes, give war or dates of service)                                |                                   |
| 21. SOCIAL SECURITY NO.  |                            | 22. INFORMANT ADDRESS<br><b>Johanna Gschneidinger</b>   |                                   |
| 23. CAUSE OF DEATH<br><b>Coronary sclerosis, Generalized atherosclerosis, old age</b>  |                            |   |                                   |
| 24. ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>II</b><br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                            |   |                                   |
| 25. DATE OF OPERATION <b>0</b>   |                            | 26. MAJOR FINDINGS OF OPERATION   |                                   |
| 27. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |                            | 28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                               |                                   |
| 29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                            | 30. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) OF INJURY  |                                   |
| 31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                            | 32. HOW DID INJURY OCCUR?   |                                   |
| 33. I hereby certify that I attended the deceased from <b>May 19 1913</b> to <b>Oct. 19 1953</b> , that I last saw the deceased alive on <b>Oct 4 1953</b> , and that death occurred at <b>1:20 p.m.</b> , from the causes and on the date stated above.           |                            |   |                                   |
| 34. SIGNATURE <b>H. L. ...</b>   |                            | 35. ADDRESS <b>3103 N. Charles St.</b>  |                                   |
| 36. DATE SIGNED <b>X/6/53</b>  |                            | 37. NAME OF CEMETERY OR CREMATORY <b>WOODLAWN PARK</b>  |                                   |
| 38. LOCATION (City, town, or county) (State)<br><b>BALTO. MD.</b>  |                            | 39. FUNERAL DIRECTOR ADDRESS<br><b>Huntington Williams, 28 Catonsville 28</b>   |                                   |

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RECEIVED BY THE DIRECTOR  
CENTRAL BUREAU OF INVESTIGATION

TO THE DIRECTOR, FBI, FROM THE SAC, NEW YORK (100-100000) (P)

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8900

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Grimes, George

2. DATE  
OF  
DEATH

October 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

40 St. Agnes Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

19 Eggs Lane #28

c. Length of stay in Baltimore

92 Yrs

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

10.24 / 1860

9. AGE (In years last birthday)

92 Yrs.

M Under 1 Year  
Months DaysM Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Merchant

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jes W Grimes

14. MOTHER'S MAIDEN NAME

Louise Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

m ascar Grimes

18. 420.1 and E903.0

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Fracture left femur

INTERVAL BETWEEN  
ONSET AND DEATH

10 min.

10 yrs

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Home 19 Eggs Lane

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

19 Eggs Lane - Balto.

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

9 26 53 m.

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☒  
AT WORK

21F. HOW DID INJURY OCCUR?

fell on way to bathroom

22. I hereby certify that I attended the deceased from 9/20, 1953, to 10/5, 1953 that I last saw the deceased alive on 10/5, 1953 and that death occurred at 12:52 m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas J. Herbert

M. D.

23B. ADDRESS

St Agnes Hospital #29

23C. DATE SIGNED

10/5/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/8/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Olive

24D. LOCATION (City, town, or county)

Baltimore Co

DATE RECEIVED BY  
LOCAL REGISTRAR

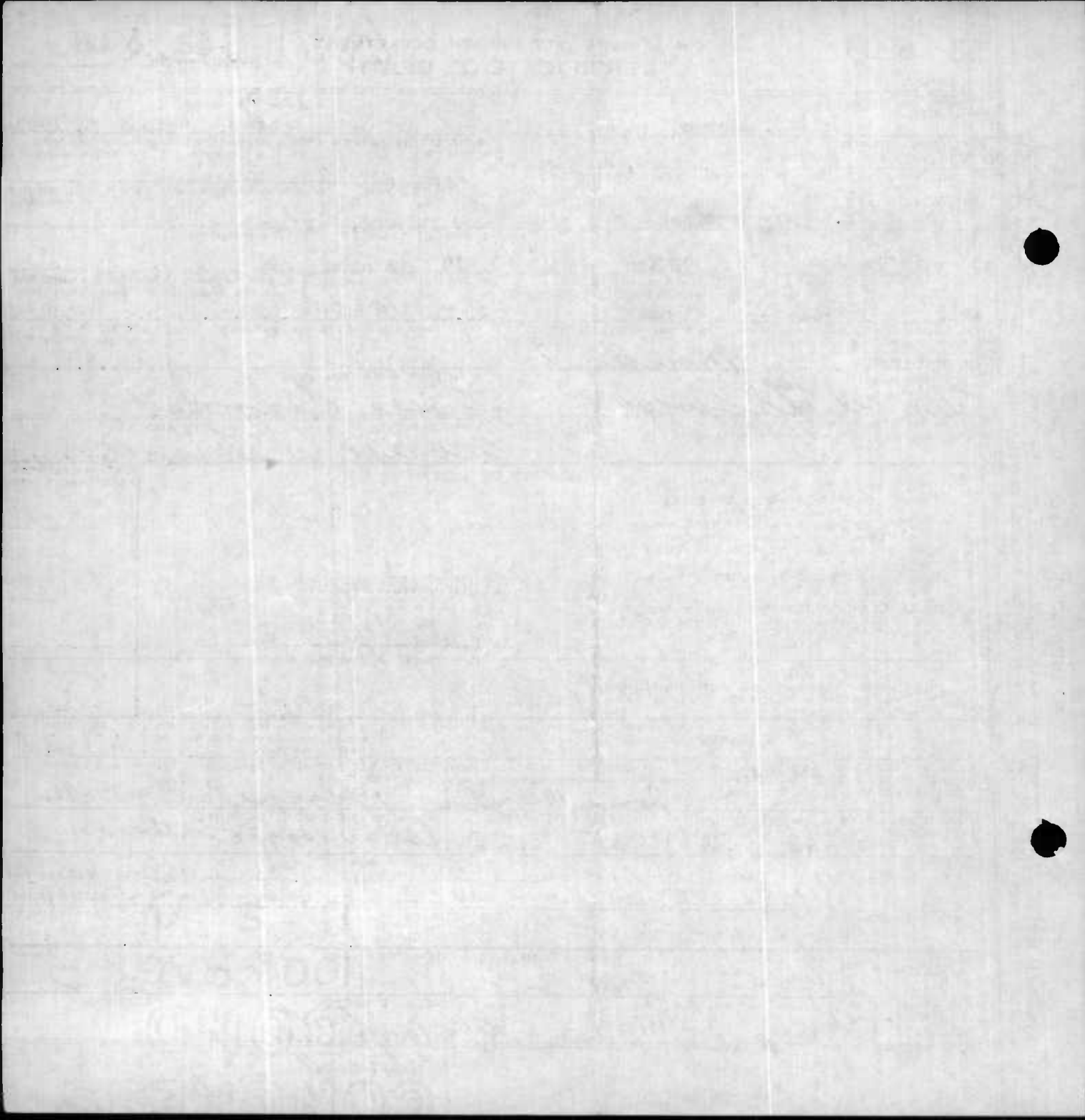
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

N 820.0





## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

53 8901

BIRTH NO.

53 8901

53-24858

|  |                                  |   |   |                                 |  |
|--|----------------------------------|---|---|---------------------------------|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Baby Devlin</b>  |                                  |   | 2. DATE OF DEATH <b>10-6-53</b>   |                                 |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY <b>Baltimore</b> |                                 |  |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Agnes Hospital</b>                                     |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>  |                                 |  |
| c. Length of stay in Baltimore <b>24 hrs.</b>  |                                  |   | D. STREET ADDRESS (If rural, give location)<br><b>1041 Maiden Choice Lane</b>   |                                 |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH<br><b>10-5-53</b>  | 9. AGE (In years last birthday) | If Under 1 Year Months: Days: <b>1</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)              |                                  | 10B. KIND OF BUSINESS OR INDUSTRY               | 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore, Maryland</b>   |                                 | 12. CITIZEN OF WHAT COUNTRY?           |
| 13. FATHER'S NAME<br><b>Andrew Devlin</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Rosalie</b>  |                                 |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) |                                  | 16. SOCIAL SECURITY NO.                         | 17. INFORMANT ADDRESS   |                                 |  |

18. **776x**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Premature**

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

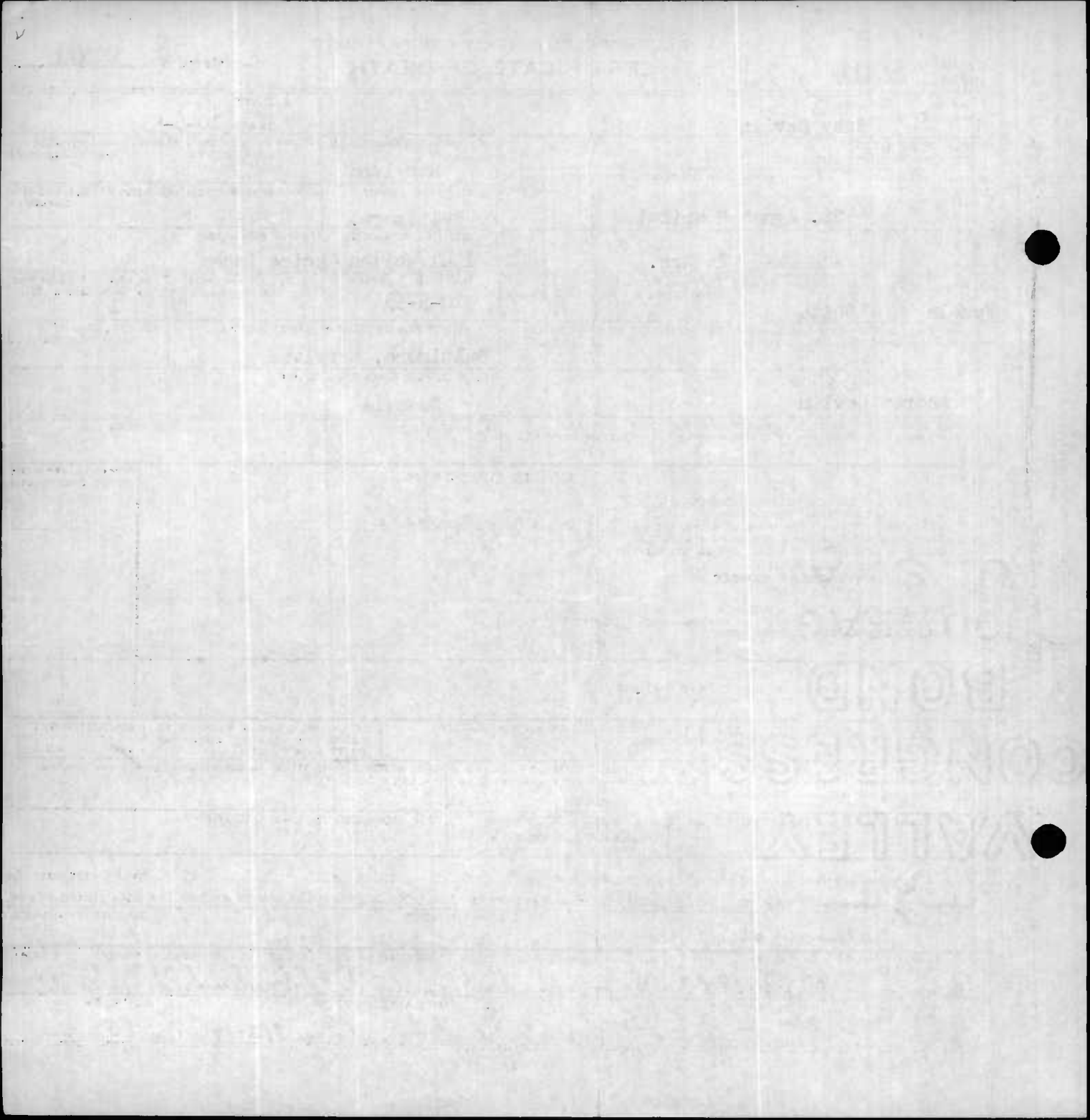
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| 19A. DATE OF OPERATION <b>10-6-53</b>  |  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |  | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>            |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |  |   |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK |  | 21F. HOW DID INJURY OCCUR?   |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>10-5-53</b> , to <b>10-6-53</b> , that I last saw the deceased alive on <b>10-6-53</b> and that death occurred at <b>5:30 p.m.</b> , from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23A. SIGNATURE<br><b>Jalman Colin</b>  |  |   |  | 23B. ADDRESS<br><b>St. Agnes Hosp</b>                                    |  | 23C. DATE SIGNED<br><b>10-7-53</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24B. DATE<br><b>Oct 7-1953</b>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>New Cathedral Cemetery</b>      |  | 24D. LOCATION (City, town, or county) (State)<br><b>Old Frederick Rd. Balto Md.</b> |  |
| DATE RECEIVED BY LOCAL REGISTRAR   |  | REGISTRAR'S SIGNATURE<br><b>Huntington Williams</b>   |  | 25. FUNERAL DIRECTOR<br><b>McKeech &amp; Sons Inc</b>                    |  | ADDRESS<br><b>712-14 E. North Ave</b>   |  |

OCT 7 1953

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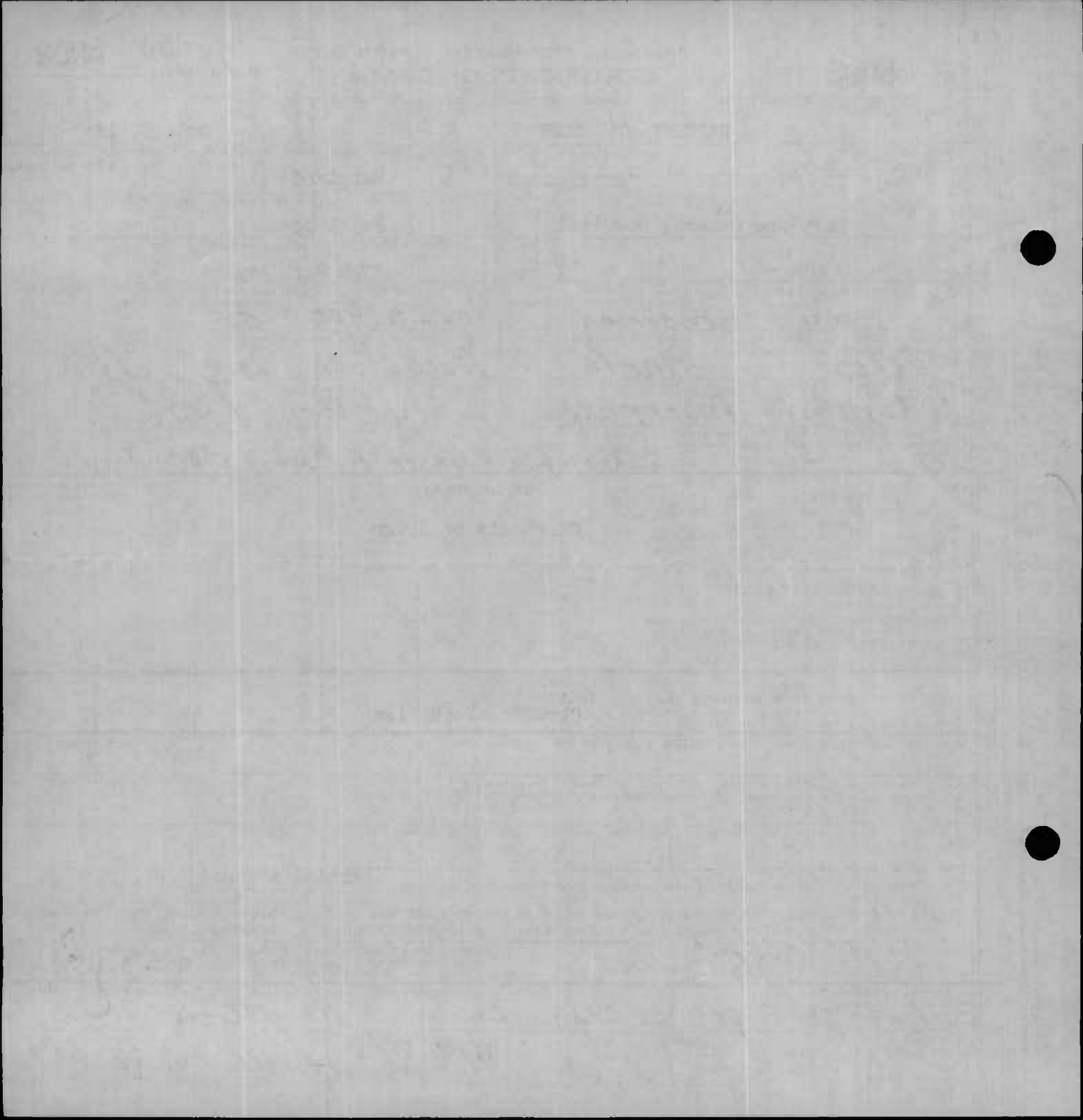
**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

53 8902  
Registered No. \_\_\_\_\_

53 8902  
BIRTH No. \_\_\_\_\_

|  |                                  |   |  |  |  |
|--|----------------------------------|---|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>PATRICK H MURRAY JR</b>  |                                  |   | 2. DATE OF DEATH <b>Oct. 5, 1953</b>   |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY _____ |  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>Maryland General Hospital</b> |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b> <b>14-01</b>                        |  |  |
| c. Length of stay in Baltimore <b>?</b><br>Yrs. _____ Mos. _____ Days _____  |                                  |   | D. STREET ADDRESS (If rural, give location)<br><b>1729 Park Avenue</b>   |  |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>Nov 23 1900</b>   | 9. AGE (In years last birthday)<br><b>52</b> | 10. Under 1 Year Months: _____ Days: _____ |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Teller</b>             |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Bank</b>   |  |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Woodstock Md</b>   |                                  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |  |
| 13. FATHER'S NAME<br><b>Patrick H Murray</b>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Mary Ellen Borrell</b>  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b>    |                                  |   | 16. SOCIAL SECURITY No.<br><b>218-07-6341</b>  |  |  |
| 17. INFORMANT<br><b>Margaret K Murray</b>  |                                  |   | ADDRESS<br><b>578 Chateau Ave</b>  |  |  |

|   |   |  |
|---|---|--|
| 18. <b>581.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Cirrhosis of liver</b>  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| (A) DUE TO  |   |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B) DUE TO<br>(C) _____   |   |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><b>Chronic alcoholism</b>  |   |  |
| 19A. DATE OF OPERATION  | 19B. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |   |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 21F. HOW DID INJURY OCCUR?   |
| 22. I certify that I took charge of the remains described above, held an <b>partial autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . |   |  |
| 23A. SIGNATURE<br><b>J. J. Fisher</b>   | 23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/><br>M.D. | 23C. DATE SIGNED<br><b>Oct. 5, 1953</b>                                  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 24B. DATE<br><b>Oct 8 1953</b>  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>St Alphonsus</b>                |
| 24D. LOCATION (City, town, or county) (State)<br><b>Woodstock Md</b>  | 24E. FEDERAL DIRECTOR ADDRESS<br><b>305 71</b>  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>Oct 7 - 1953</b>   | REGISTRAR'S SIGNATURE<br><b>Huntington Williams</b>   | 24F. ADDRESS<br><b>Ann Co 4905 York Rd</b>                               |



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-123

53 8903

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8903

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SADIE M. WEBSTER

2. DATE  
OF  
DEATH

10/5/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE MD. 5210

D. STREET ADDRESS (If rural, give location)

3108 REISTERSTOWN RD

8. FULL NAME OF HOSPITAL OR INSTITUTION

SINAI HOSPITAL OF BALTO

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

May 8, 1892

9. AGE (In years last birthday)

61

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Book Binder

10B. KIND OF BUSINESS OR INDUSTRY

Public Library

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Scott

14. MOTHER'S MAIDEN NAME

Ella Webster

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John H. Fisher-319 Meadow Rd.

18. 154X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MYOCARDIAL INFARCTION

1 hr 10 min

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ~~ACUTE~~ CORONARY THROMBOSIS

DUE TO

(C) A.S.H.D.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTESTINAL OBSTRUCTION DUE TO ADHESIVE BAND.

6 hrs

19A. DATE OF OPERATION

9/22/53

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

CARCINOMA RECTUM

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1953, to 10/5, 1953 that I last saw the deceased alive on 10/5, 1953, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Howard N Rosenthal

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

10/6/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/9/53

24C. NAME OF CEMETERY OR CREMATORY

St. John's Cem.

24D. LOCATION (City, town, or county)

Deal's Island, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm J. Pickner & Sons

ADDRESS

Balto. 17, Md.

1. Name of deceased  
2. Sex  
3. Age  
4. Date of birth  
5. Date of death  
6. Place of birth  
7. Cause of death  
8. Signature of attending physician  
9. Signature of registrar  
10. Date of registration

|              |  |
|--------------|--|
| VALLEY       |  |
| CONGRESS     |  |
| SENATE       |  |
| HOUSE        |  |
| COMMITTEE    |  |
| SUBCOMMITTEE |  |
| STAFF        |  |
| OFFICE       |  |
| ADDRESS      |  |
| CITY         |  |
| STATE        |  |
| ZIP          |  |
| PHONE        |  |
| FAX          |  |
| E-MAIL       |  |
| WEBSITE      |  |
| OTHER        |  |



53 8904

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8904  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY EMMA SHANK

2. DATE  
OF  
DEATH

Oct. 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONThe Marylander Apts.  
St. Paul & University Pkwy.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

12-02

D. STREET ADDRESS (If rural, give location)

The Marylander Apts.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Widowed

8. DATE OF BIRTH

Mar. 10, 1893

9. AGE (In years  
last birthday)

60

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR  
INDUSTRY

Employment Office

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Levy W. Shank

14. MOTHER'S MAIDEN NAME

Mary E. Heinke

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Irene V. Frank-3501 St. Paul St.

18.

443X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

10 minutes

8 yrs.

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1945, to Oct 5, 1953, that I last saw the  
deceased alive on Oct 1, 1953, and that death occurred at 3:20 A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/8/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

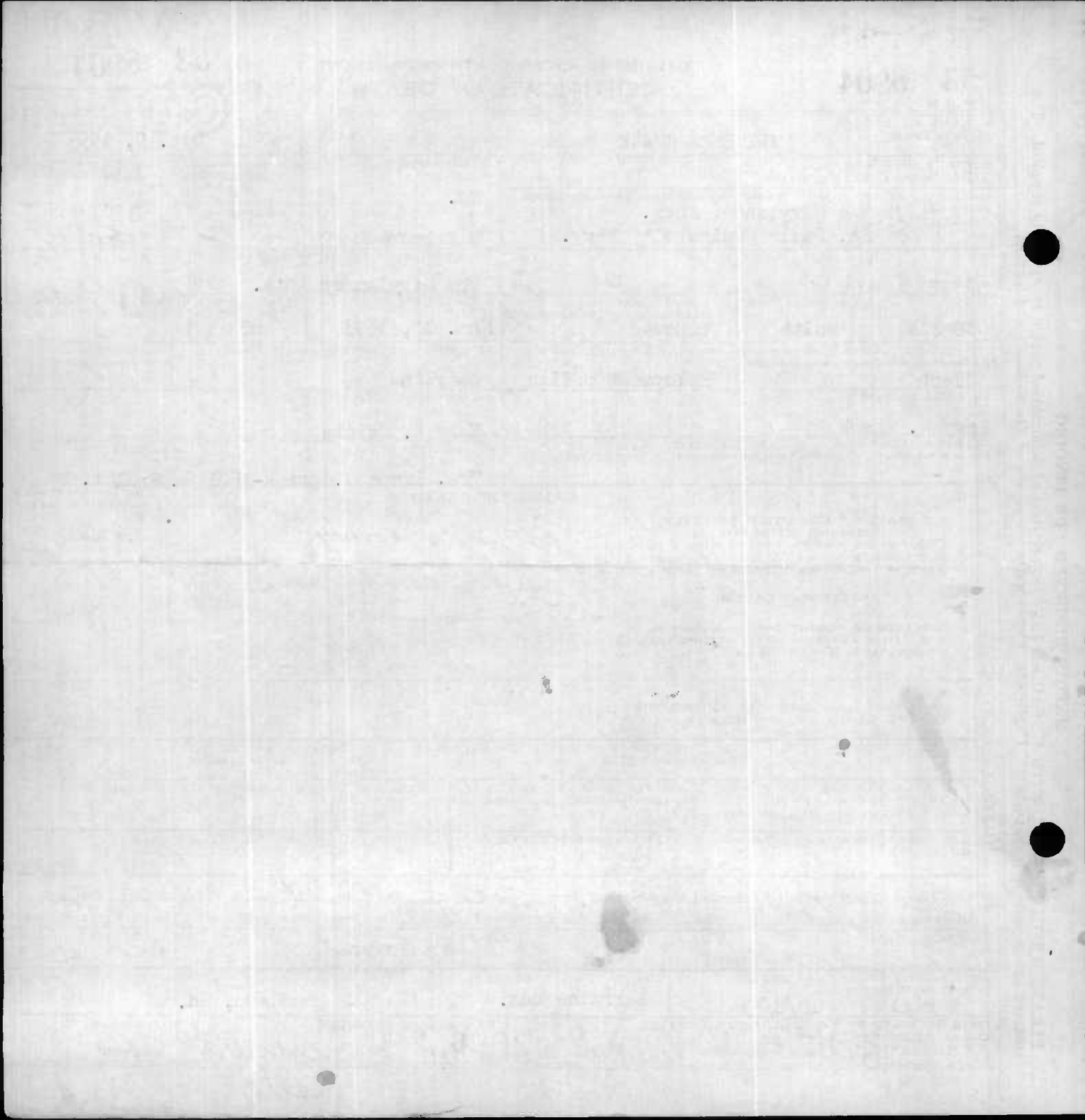
25. FUNERAL DIRECTOR

ADDRESS

OCT 7 - 1953

Huntington Williams, Jr.

J. Dickner &amp; Sons



53 8905

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8905

Registered No.

IRTH NO.

NAME OF DECEASED  
(Name or Print)

Krach, Robert Theodore

2. DATE  
OF  
DEATH

6 Oct 53

PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

Maryland

B. COUNTY

before admission)

FULL NAME OF (If not in hospital or institution, give street address or location)

Union Memorial Hosp

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

27-05

D. STREET ADDRESS (If rural, give location)

6006 Sefton Ave

Length of stay in Baltimore

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Mar 23, 1878

9. AGE (In years

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

A. USUAL OCCUPATION (Give kind of

done during most of working life, even if retired)

Metal Worker

10a. KIND OF BUSINESS OR

INDUSTRY

Detroit Bros METAL

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF

WHAT COUNTRY?

USA

FATHER'S NAME

Philip J. Krach

14. MOTHER'S MAIDEN NAME

Elizabeth A. Ho

WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Florence Krach Same

18. E 902.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Intracranial hemorrhage

18 hrs

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Fracture thoracic vertebra

18 hrs

DUE TO

(C)

Retroperitoneal hemorrhage

18 hrs

CERTIFICATION APPROVED BY

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Employer's name

R. B. Fisher, M.D.

19A. DATE OF OPERATION

5 Oct 53

19B. MAJOR FINDINGS OF OPERATION

Fracture of brain &amp; subdural hematoma

CHIEF OR ASST. MEDICAL EXAMINER.

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

5911 Burgess home

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

home of friend - fell off porch

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

5 Oct 53 12:45 m.

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

fell off porch

27-44

22. I hereby certify that I attended the deceased from 5 Oct, 19\_\_, to 6 Oct, 19\_\_, that I last saw the  
deceased alive on 6 Oct, 19\_\_, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

R. B. Casaway, Jr.

23B. ADDRESS

90 Union Memorial Hosp

23C. DATE SIGNED

6 Oct 53

24. BURIAL, CREMA-  
REMOVAL (Specify)

Burial

24B. DATE

10-9-53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Taylor W. Balto Md

TE RECEIVED BY

1017-1953

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Dorothy J. Blight

ADDRESS

6009 Harford Rd

Oct 23

Koch, Robert Thomas

1900

1900

1900

74

W

1900

W-234

53 8906

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8906

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Linwood Westley

2. DATE  
OF  
DEATH

10-5-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

14-03

D. STREET ADDRESS (If rural, give location)

537 Gold St.

c. Length of stay in Baltimore

75

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

5-?-1893

9. AGE (In years last birthday)

80

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Westley

14. MOTHER'S MAIDEN NAME

Va.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John Wesley 537 Gold St

18. 522X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Toxemia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Pneumonia, Hypotensive

INTERVAL BETWEEN  
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Bed sores, massive, infected

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-6, 1953, to 10-5, 1953, that I last saw the deceased alive on 10-5, 1953, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Brown

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

10/9/53

24D. LOCATION (City, town, or county)

Arbutus

24E. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

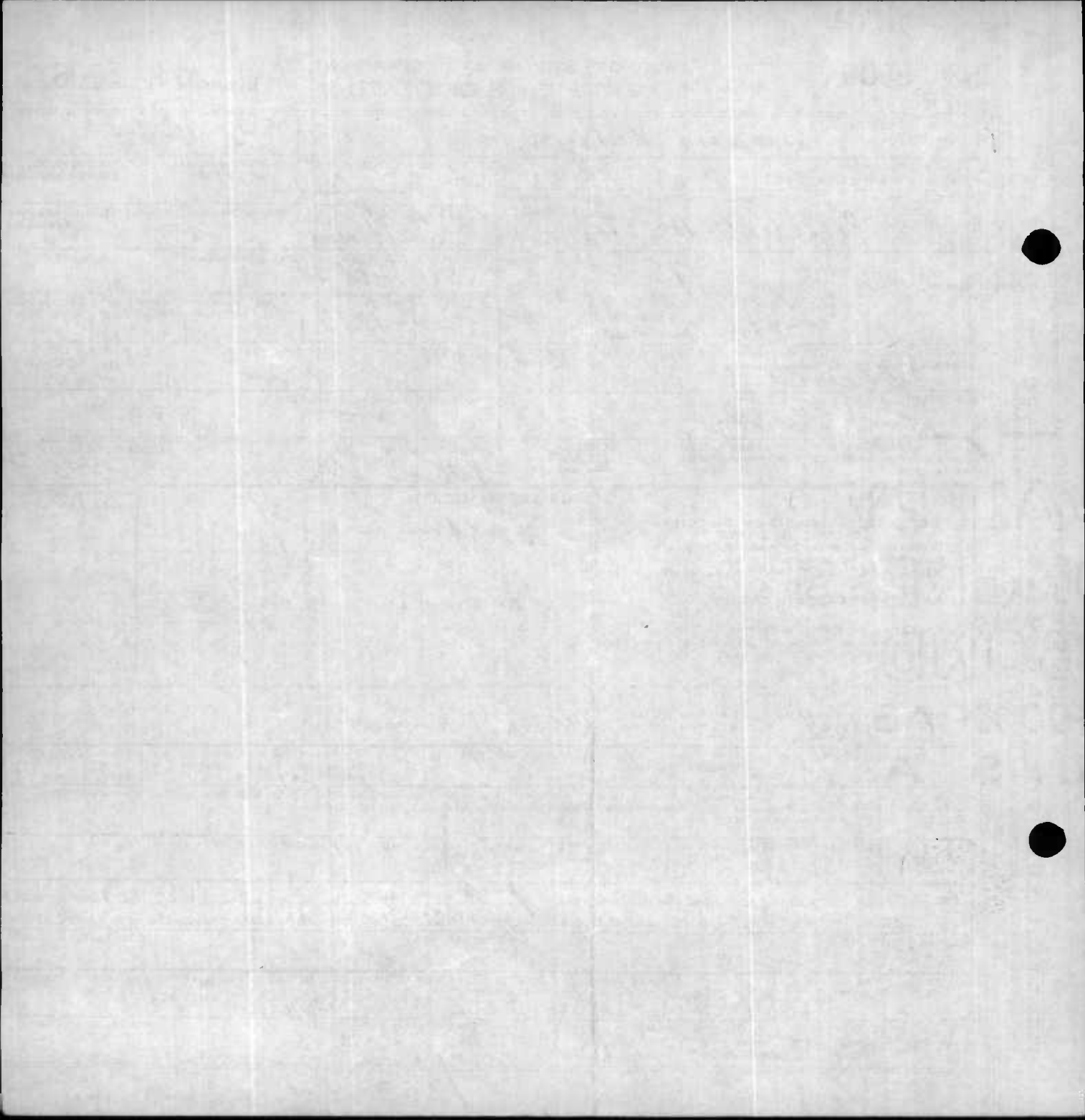
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. H. Kelso





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

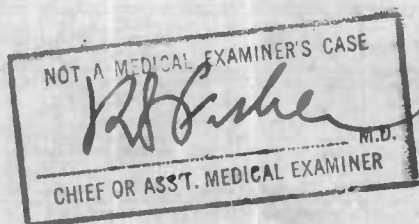
Registered No.

BIRTH NO.

8907

53 8907

|  |  |   |  |
|--|--|---|--|
| 1. NAME OF DECEASED<br>(Type or Print)   |  | 2. DATE OF DEATH  |  |
| Franz Rabitsch   |  | Oct 5, 1953   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |  | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE B. COUNTY |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>JOHNS HOPKINS HOSPITAL   |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore 2644              |  |
| D. STREET ADDRESS (If rural, give location)<br>3414 Fairmount Ave  |  | 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>male white married               |  |
| 8. DATE OF BIRTH<br>Dec 2, 1882  |  | 9. AGE (In years last birthday) Months Days Hours Min.<br>70  |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Butcher   |  | 10B. KIND OF BUSINESS OR INDUSTRY<br>Chas Dinning Co  |  |
| 11. BIRTHPLACE (State or foreign country)<br>Austria   |  | 12. CITIZEN OF WHAT COUNTRY?  |  |
| 13. FATHER'S NAME<br>Unknown   |  | 14. MOTHER'S MAIDEN NAME<br>Unknown   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br>no   |  | 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT<br>JOHNS HOPKINS HOSPITAL  |  | ADDRESS   |  |
| 18. 451X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>CAUSE OF DEATH<br>(A) Myocardial infarction due to atherosclerosis of the aorta and coronary arteries<br>DUE TO<br>ANTECEDENT CAUSES<br>(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(C) |  | INTERVAL BETWEEN ONSET AND DEATH<br>Minutes   |  |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |   |  |
| 19A. DATE OF OPERATION   |  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |  |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II                                      |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                    |  |
| 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?   |  | 21D. HOW DID INJURY OCCUR?  |  |
| 21E. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21F. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>      |  |
| 22. I hereby certify that I attended the deceased from 10-5, 1953, to 10-5, 1953 that I last saw the deceased alive on 10-5, 1953 and that death occurred at 4:30 P.M., from the causes and on the date stated above.  |  |   |  |
| 23A. SIGNATURE<br>E. Duval L. Chandross  |  | 23B. ADDRESS<br>JOHNS HOPKINS HOSPITAL  |  |
| 23C. DATE SIGNED<br>Oct 6, 1953  |  | 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |  |
| 24B. DATE<br>10-8-53   |  | 24C. NAME OF CEMETERY OR CREMATORY<br>Holy Redeemer   |  |
| 24D. LOCATION (City, town, or county) (State)<br>4430 BELAIR RD.   |  | 25. FUNERAL DIRECTOR<br>Charles S. Zeiler   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br>10-7-53  |  | REGISTRAR'S SIGNATURE<br>Tunington Williams   |  |



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

53 8908  
Registered No.

53 8908  
BIRTH NO.

|  |                                  |  |   |  |   |
|--|----------------------------------|--|---|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>DENNIS VAN HORN</b>  |                                  |  | 2. DATE OF DEATH <b>October 6, 1953</b>   |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>North Carolina</b> B. COUNTY |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>St. Joseph's Hospital</b> |                                  |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Statesville</b>                                |  |   |
| c. Length of stay in Baltimore<br>Yrs. Mos. Days   |                                  |  | D. STREET ADDRESS (If rural, give location)<br><b>702 Alexander Street</b>  |  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  | 8. DATE OF BIRTH<br><b>Sept. 5-1880</b>   | 9. AGE (In years last birthday)<br><b>73</b> | 10. Under 1 Year Months: Days               |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                          |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Taxi</b> | 11. BIRTHPLACE (State or foreign country)<br><b>Columbia, N.C.</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b> |
| 13. FATHER'S NAME<br><b>-</b>  |                                  |  | 14. MOTHER'S MAIDEN NAME<br><b>Dorcas Buckhouse</b>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)             |                                  | 16. SOCIAL SECURITY NO.                          | 17. INFORMANT ADDRESS<br><b>Mrs. Flora Okridge Van Horn Statesville N.C.</b>  |  |   |

|  |  |                                  |
|--|--|----------------------------------|
| 18. <b>422.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>(A) Arteriosclerotic cardiovascular disease</b><br>DUE TO<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>(B)</b><br>DUE TO<br><b>(C)</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |                                  |

|  |  |  |  |   |
|--|--|--|--|---|
| 19A. DATE OF OPERATION   |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT <input type="checkbox"/> WORK | 21F. HOW DID INJURY OCCUR?   |  |   |

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

|                                       |   |   |
|---------------------------------------|---|---|
| 23A. SIGNATURE<br><b>P. B. Fisher</b> | 23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> | 23C. DATE SIGNED<br><b>Oct. 7, 1953</b> |
|---------------------------------------|---|---|

|   |   |   |   |
|---|---|---|---|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 24B. DATE<br><b>Oct. 7-1953</b>                     | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Oakwood Cem.</b> | 24D. LOCATION (City, town, or county) (State)<br><b>Statesville, N.C.</b> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 7-1953</b>       | REGISTRAR'S SIGNATURE<br><b>Huntington Williams</b> | 25. FUNERAL DIRECTOR<br><b>Donald J. Buck</b>             | ADDRESS<br><b>5305 Highway 6904E</b>                                      |

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8909

Registered No.

BIRTH NO.

|   |                                    |   |  |  |   |
|---|------------------------------------|---|--|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <i>George H. Gregory</i>   |                                    |   | 2. DATE OF DEATH <i>Oct 5-53</i>   |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>702 N. Fulton Ave</i>                                    |                                    |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>STATE <i>Md</i> B. COUNTY |  |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION   |                                    |   | C. CITY OR TOWN (If outside corporate limits, write full A. and give township)<br><i>Balto</i>                     |  |   |
| c. Length of stay in Baltimore <i>10 yrs</i>  |                                    |   | D. STREET ADDRESS (If rural, give location)<br><i>702 N. Fulton Ave</i>  |  |   |
| 5. SEX<br><i>Male</i>   | 6. COLOR OR RACE<br><i>Colored</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Married</i> | 8. DATE OF BIRTH<br><i>48 yrs</i>  |  | 9. AGE (In years, last birthday)<br><i>48 yrs</i>               |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Laborer</i> |                                    |   | 10B. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)<br><i>Durham N.C.</i> |
| 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.A</i>  |                                    |   | 13. FATHER'S NAME<br><i>John Gregory</i>   |  |   |
| 14. MOTHER'S MAIDEN NAME<br><i>Mary Daniels</i>   |                                    |   | 15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)            |  |   |
| 16. SOCIAL SECURITY NO.   |                                    |   | 17. INFORMANT<br><i>Charles Ann Gregory</i>  |  |   |

|  |  |                              |  |                                  |  |
|--|--|------------------------------|--|----------------------------------|--|
| 18. <i>022X</i>  |  | CAUSE OF DEATH               |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) |  | (A) <i>Aneurysm of Aorta</i> |  | ?                                |  |
| ANTECEDENT CAUSES  |  | (B)                          |  |                                  |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |  | (C)                          |  |                                  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |                              |  |                                  |  |

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| 19A. DATE OF OPERATION <i>0</i>   |  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |  | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |  |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from <i>Sept 29, 1953</i> to <i>Oct 5, 1953</i> , that I last saw the deceased alive on <i>Oct 5, 1953</i> , and that death occurred at <i>8 P m.</i> , from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23A. SIGNATURE<br><i>Douglas Shepperd</i>   |  | 23B. ADDRESS<br>M. D. <i>404 N. Fulton Ave</i>  |  | 23C. DATE SIGNED<br><i>10/6/53</i>                                       |  |  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |  | 24B. DATE<br><i>Oct 8-53</i>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Raleigh</i>                     |  | 24D. LOCATION (City, town, or county) (State)<br><i>N.C.</i>             |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>OCT 7-1953</i>   |  | REGISTRAR'S SIGNATURE<br><i>Huntington W. C. O. O. O. O.</i>  |  | 25. FUNERAL DIRECTOR<br><i>James A. Hayes</i>                            |  | ADDRESS<br><i>638 N. 9th St</i>  |  |

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8910  
Registered No. 53 8910

|  |                           |   |   |
|--|---------------------------|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Brown, Harvey Edward</i>   |                           | 2. DATE OF DEATH <i>Oct. 7, 1953</i>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                           | 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore County</i> |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><i>Montebello State Hospital</i>   |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Beckleysville.</i>   |   |
| C. Length of stay in Baltimore <i>2</i> Yrs. Mos. Days   |                           | D. STREET ADDRESS (If rural, give location)<br><i>Hampstead Post office 5300</i>  |   |
| 5. SEX <i>M</i>  | 6. COLOR OR RACE <i>W</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Married</i>   | 8. DATE OF BIRTH <i>Oct. 17, 1906</i>     |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Laborer</i>  |                           | 10B. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (In years last birthday) <i>46</i> |
| 11. BIRTHPLACE (State or foreign country)<br><i>Maryland</i>   |                           | 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.A.</i>   |   |
| 13. FATHER'S NAME<br><i>David R. Brown</i>   |                           | 14. MOTHER'S MAIDEN NAME<br><i>Mary Aldridge</i>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><i>unk.</i>  |                           | 16. SOCIAL SECURITY NO.<br><i>unk.</i>  |   |
| 17. INFORMANT<br><i>Hospital Record</i>  |                           | ADDRESS   |   |
| 18. <i>526X</i>  |                           | CAUSE OF DEATH  |   |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  |                           | (A) <i>Pulmonary Fibrosis</i>   |   |
| DUE TO   |                           | <i>71 yrs</i>   |   |
| ANTECEDENT CAUSES  |                           | (B) <i>Bronchiectasis</i>   |   |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |                           | DUE TO  |   |
| (C)  |                           | <i>73 yrs</i>   |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                           |   |   |
| 19A. DATE OF OPERATION <i>0</i>  |                           | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                           | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II  |   |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  |                           | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |   |
| 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?   |                           | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |   |
| 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                           | 21F. HOW DID INJURY OCCUR?  |   |
| 22. I hereby certify that I attended the deceased from <i>Aug. 12</i> , 1953, to <i>Oct. 7</i> , 1953, that I last saw the deceased alive on <i>Oct. 7</i> , 1953, and that death occurred at <i>6:35 A.M.</i> , from the causes and on the date stated above. |                           |   |   |
| 23A. SIGNATURE<br><i>David Rai</i>   |                           | 23B. ADDRESS<br><i>Montebello Hosp. Baltimore, Md.</i>  |   |
| 23C. DATE SIGNED<br><i>Oct. 7, 1953</i>  |                           | 23D. LOCATION (City, town, or county) (State)<br><i>Baltimore Co.</i>   |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>   |                           | 24B. DATE<br><i>Oct 9/53</i>  |   |
| 24C. NAME OF CEMETERY OR CREMATORY<br><i>St Paul.</i>  |                           | 24D. LOCATION (City, town, or county) (State)<br><i>Baltimore Co.</i>   |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>OCT 7 - 1953</i>  |                           | REGISTRAR'S SIGNATURE<br><i>Huntington Williams</i>   |   |
| 25. FUNERAL DIRECTOR<br><i>Edw. E. Tipton</i>  |                           | ADDRESS<br><i>Hampstead Med.</i>  |   |

NOTATION: THIS FORM IS TO BE FILLED BY THE DEATH REGISTRAR OR BY THE PERSON WHO HAS THE BODY OF THE DECEASED IN HIS POSSESSION AT THE TIME OF DEATH.

1. Name of deceased (Last, first, middle, and initials)  
2. Date of death (Month, day, year)  
3. Place of death (City, town, village, or hamlet, and county)  
4. Full name of hospital or institution (if applicable)  
5. Sex  
6. Race  
7. Usual occupation (if deceased was engaged in any occupation or business)  
8. Kind of business or industry (if deceased was engaged in any occupation or business)  
9. Father's name  
10. Was deceased ever in U.S. Armed Forces (If so, in what branch, and for how long)  
11. Social Security No.  
12. Informant (Name and address)  
13. Cause of death (Disease or condition directly leading to death, and antecedent causes)  
14. Other significant conditions contributing to the death but not stated in 13.  
15. Date of operation (if applicable)  
16. Was operation successful?  
17. How long did patient survive after operation?  
18. How long did patient survive after death?  
19. How long did patient survive after burial?  
20. How long did patient survive after cremation?  
21. How long did patient survive after autopsy?  
22. How long did patient survive after other procedure?  
23. How long did patient survive after other procedure?  
24. How long did patient survive after other procedure?  
25. How long did patient survive after other procedure?

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

|  |  |   |  |
|--|--|---|--|
| 1. NAME OF DECEASED<br>Last, first, middle, and initials                                   |  | 2. DATE OF DEATH<br>Month, day, year  |  |
| 3. PLACE OF DEATH<br>City, town, village, or hamlet, and county                            |  | 4. FULL NAME OF HOSPITAL OR INSTITUTION (if applicable)                                 |  |
| 5. SEX   |  | 6. RACE   |  |
| 7. USUAL OCCUPATION (if deceased was engaged in any occupation or business)                |  | 8. KIND OF BUSINESS OR INDUSTRY (if deceased was engaged in any occupation or business) |  |
| 9. FATHER'S NAME   |  | 10. WAS DECEASED EVER IN U.S. ARMED FORCES (If so, in what branch, and for how long)    |  |
| 11. SOCIAL SECURITY NO.  |  | 12. INFORMANT (Name and address)  |  |
| 13. CAUSE OF DEATH (Disease or condition directly leading to death, and antecedent causes) |  |   |  |
| 14. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT STATED IN 13.           |  |   |  |
| 15. DATE OF OPERATION (if applicable)  |  |   |  |
| 16. WAS OPERATION SUCCESSFUL?  |  |   |  |
| 17. HOW LONG DID PATIENT SURVIVE AFTER OPERATION?  |  |   |  |
| 18. HOW LONG DID PATIENT SURVIVE AFTER DEATH?  |  |   |  |
| 19. HOW LONG DID PATIENT SURVIVE AFTER BURIAL?   |  |   |  |
| 20. HOW LONG DID PATIENT SURVIVE AFTER CREMATION?  |  |   |  |
| 21. HOW LONG DID PATIENT SURVIVE AFTER AUTOPSY?  |  |   |  |
| 22. HOW LONG DID PATIENT SURVIVE AFTER OTHER PROCEDURE?                                    |  |   |  |
| 23. HOW LONG DID PATIENT SURVIVE AFTER OTHER PROCEDURE?                                    |  |   |  |
| 24. HOW LONG DID PATIENT SURVIVE AFTER OTHER PROCEDURE?                                    |  |   |  |
| 25. HOW LONG DID PATIENT SURVIVE AFTER OTHER PROCEDURE?                                    |  |   |  |

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 8911

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)Ida B. Haskins Thomas2. DATE  
OF  
DEATHOct. 4. 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland  
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BaltimoreD. STREET ADDRESS (If rural, give location)  
1236 Edith Street

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

Col.7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)Widow

8. DATE OF BIRTH

Nov-10-18909. AGE (in years  
last birthday)62If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)Domestic10B. KIND OF BUSINESS OR  
INDUSTRYAt Home

11. BIRTHPLACE (State or foreign country)

Baltimore12. CITIZEN OF  
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Joseph Haskins

14. MOTHER'S MAIDEN NAME

Elizabeth Haskins15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Benard Harden 1214 Central Ave18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Bronchopneumonia2 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cerebral Hemorrhage4 days

(C)

Hypertension

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16, 1953 to 10/4, 1953, that I last saw the  
deceased alive on Oct 4, 1953, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert H. Kofers & M

23B. ADDRESS

F22 N. Bonito

23C. DATE SIGNED

10/6/5324A. BURIAL, CREMA-  
TION, REMOVAL (Specify)Burial

24B. DATE

10/7/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Choy & Wilson

ADDRESS

720 FA 1000 Brantley

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TO DIRECTOR (100-441100) FROM NEW YORK (100-100000) 1P

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8912

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Rev. Mrs. Lina Stewart

2. DATE  
OF  
DEATH

Oct. 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Stal 4

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Ind.

B. FULL NAME OF (If not in hospital or institution, give street address or  
location)HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore 10-02

D. STREET ADDRESS (If rural, give location)

1417 E. Madison St.

c. Length of stay in Baltimore

23 yrs

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5-15-1889

9. AGE (In years  
last birthday)

64

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Minister

10B. KIND OF BUSINESS OR  
INDUSTRY

Church

11. BIRTHPLACE (State or foreign country)

Harrisburg Pa

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward Moore

14. MOTHER'S MAIDEN NAME

Mary Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 570.5

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Pneumonia  
(C) Aortic Aneurysm

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/26, 1953 to 10/4, 1953, that I last saw the  
deceased alive on 10/4, 1953, and that death occurred at 9:24 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard C. Dever

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Oct 5 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/9/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

Brooklyn Md

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 7 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wilson Bros

ADDRESS

CERTIFICATE OF DEATH

|                       |  |                  |  |             |  |                  |  |                  |  |                   |  |                    |  |                            |  |                            |  |                            |  |
|-----------------------|--|------------------|--|-------------|--|------------------|--|------------------|--|-------------------|--|--------------------|--|----------------------------|--|----------------------------|--|----------------------------|--|
| 1. Name of Deceased   |  | 2. Sex           |  | 3. Age      |  | 4. Date of Birth |  | 5. Date of Death |  | 6. Place of Birth |  | 7. Cause of Death  |  | 8. Signature of Physician  |  | 9. Signature of Registrar  |  | 10. Signature of Informant |  |
| John Doe              |  | Male             |  | 45          |  | 1/1/1920         |  | 1/1/1965         |  | New York City     |  | Heart Disease      |  | [Signature]                |  | [Signature]                |  | [Signature]                |  |
| 11. Name of Informant |  | 12. Relationship |  | 13. Address |  | 14. City         |  | 15. State        |  | 16. Zip           |  | 17. Date of Report |  | 18. Signature of Informant |  | 19. Signature of Registrar |  | 20. Signature of Informant |  |
| Jane Doe              |  | Wife             |  | 123 Main St |  | New York         |  | NY               |  | 10001             |  | 1/1/1965           |  | [Signature]                |  | [Signature]                |  | [Signature]                |  |



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8913

BIRTH NO. 53 8913

|   |                                    |   |   |  |   |
|---|------------------------------------|---|---|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>WILLIAM H. JACKSON</b>  |                                    |   | 2. DATE OF DEATH <b>October 2, 1953</b>   |  |   |
| 3. PLACE OF DEATH:<br>A. <b>Baltimore City, Maryland Balto. City</b>  |                                    |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY |  |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Johns Hopkins Hospital</b>                                      |                                    |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                            |  |   |
| c. Length of stay in Baltimore <b>Life</b>  |                                    |   | D. STREET ADDRESS (If rural, give location)<br><b>1520 Jefferson Street</b>   |  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>Colored</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> | 8. DATE OF BIRTH<br><b>Sept. 19. 01</b>   |  | 9. AGE (In years last birthday) <b>52</b>     |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b> |                                    | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>In Gen.</b>               | 11. BIRTHPLACE (State or foreign country)<br><b>Md.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
| 13. FATHER'S NAME<br><b>Unknown</b>   |                                    |   | 14. MOTHER'S MAIDEN NAME<br><b>Unknown</b>  |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>                                    |                                    | 16. SOCIAL SECURITY NO.   | 17. INFORMANT ADDRESS<br><b>Maggie M. Nelson 2010 Harlem Ave.</b>   |  |   |

18. **422.1**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Ruptured arteriosclerotic aneurysm**

DUE TO

(C) **Hemopericardium**

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

M.D.

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

**Oct. 2, 1953**24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24B. DATE

**10/7/1953**

24C. NAME OF CEMETERY OR CREMATORY

**Mt Calvary Cem.**

24D. LOCATION (City, town, or county)

**Brooklyn Md.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

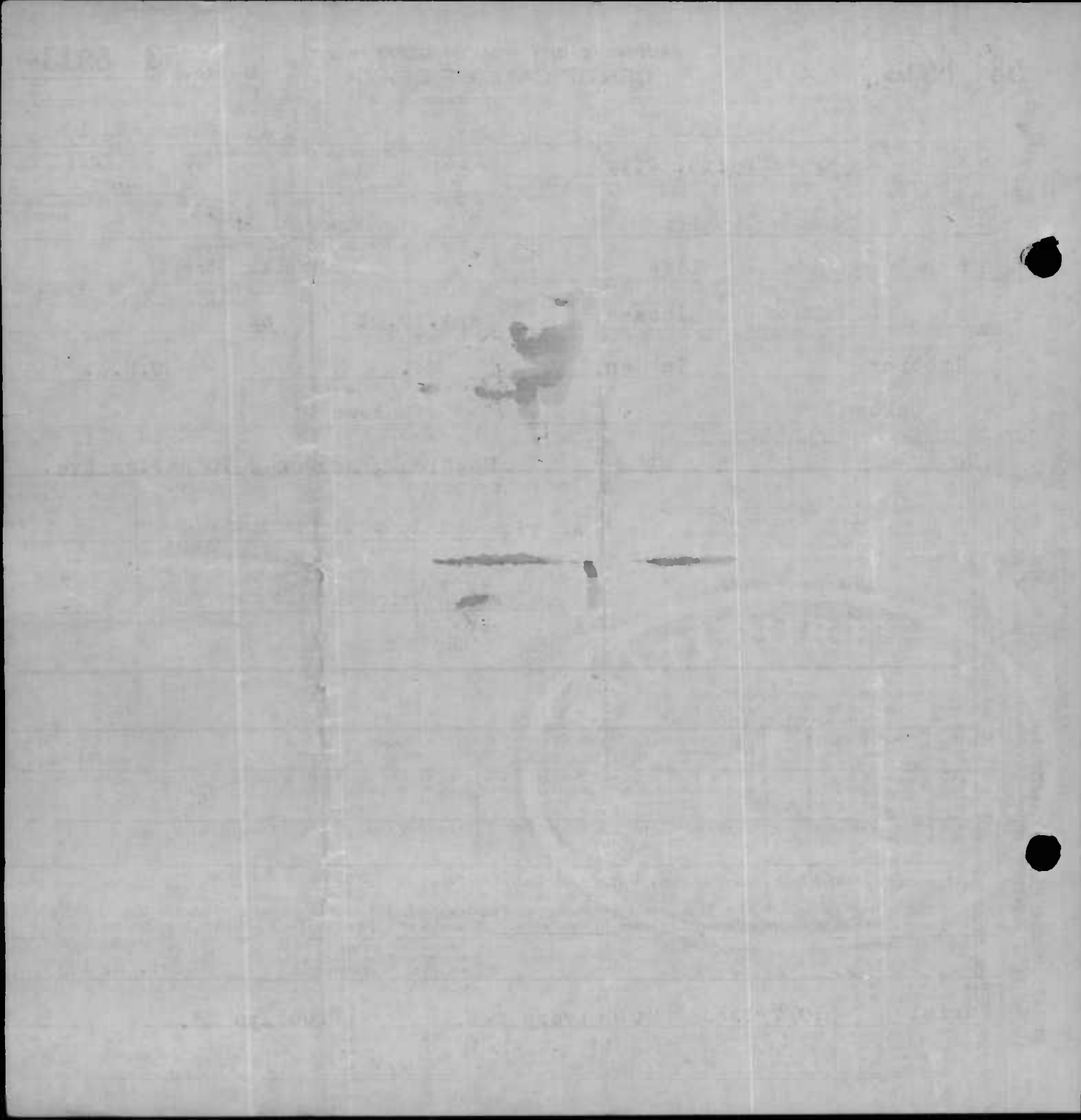
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151 js

97099



MAF-118539

CERTIFICATE AMENDED

11/4/53

ES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 8914

53 8914

BIRTH NO.

|   |                               |  |                                      |
|---|-------------------------------|--|--------------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Charles Banks</b>   |                               | 2. DATE OF DEATH <b>Oct. 3, 1953</b>   |                                      |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>Balti. City</b>  |                               | 4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY <b>26-72</b> |                                      |
| B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)<br><b>Baltimore City Hospital's</b><br><b>4940 Eastern Ave.</b> |                               | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>   |                                      |
| c. Length of stay in Baltimore <b>47 yrs.</b><br>Yrs. Mos. Days   |                               | D. STREET ADDRESS (If rural, give location)<br><b>4940 Eastern Ave. (B. C. H.)</b>   |                                      |
| 5. SEX <b>M</b>   | 6. COLOR OR RACE <b>Negro</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid.</b>  | 8. DATE OF BIRTH <b>Mar. 1, 1882</b> |
| 9. AGE (In years last birthday) <b>71</b>   |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>John</b>                                     |                                      |
| 11. BIRTHPLACE (State or foreign country) <b>Maryland</b>   |                               | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |                                      |
| 13. FATHER'S NAME <b>Charles Banks</b>  |                               | 14. MOTHER'S MAIDEN NAME <b>Elizabeth Johnson</b>  |                                      |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>W</b>   |                               | 16. SOCIAL SECURITY NO.  |                                      |
| 17. INFORMANT <b>B. C. H. 4940 Eastern Ave. (records)</b>   |                               | ADDRESS  |                                      |

|   |  |                                  |
|---|--|----------------------------------|
| 18. <b>420.0</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Myocardial Infarction</b><br>DUE TO<br><b>Arteriosclerotic heart disease</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B)<br>(C)  |  |                                  |

|  |  |   |  |
|--|--|---|--|
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |   |  |
| 19A. DATE OF OPERATION <b>0</b>  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   | IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II              | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>3-30</b> , 19 <b>48</b> to <b>10-3</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10-3</b> , 19 <b>53</b> , and that death occurred at <b>7:10 PM</b> from the causes and on the date stated above. |  |   |  |
| 23A. SIGNATURE <b>H. Johnson</b>   |  | 23B. ADDRESS <b>4940 Eastern Ave.</b>   | 23C. DATE SIGNED <b>10-3-53</b>  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)  | 24B. DATE <b>Oct 9th/53</b>  | 24C. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary</b>                                | 24D. LOCATION (City, town, or county) (State) <b>Arundel Co MD</b>               |
| DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 7-1953</b>   | REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>   | 25. FUNERAL DIRECTOR <b>Elroy O Wilson</b> ADDRESS <b>970 99 - 1000 Brantley Av</b> |  |

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See directive in Document file  
from Record Librarian, BOH.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8915**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**Mary Barrett**2. DATE  
OF  
DEATH**Oct. 4. 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

**Maryland**

B. FULL NAME OF (If not in hospital or institution, give street address or location)

**1110 East Lombard Street**

C. CITY OR TOWN

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1110 East Lombard Street**

c. Length of stay in Baltimore

**12 Yrs.**Yrs.  
Mos.  
Days

5. SEX

**Female**

6. COLOR OR RACE

**Col.**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)**Widow**

8. DATE OF BIRTH

**Nov-22-75**9. AGE (in years  
last birthday)**77**If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**Housewife**10B. KIND OF BUSINESS OR  
INDUSTRY**Home**

11. BIRTHPLACE (State or foreign country)

**Isle White Va.**12. CITIZEN OF  
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

**Henry Boone**

14. MOTHER'S MAIDEN NAME

**Unkown**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)**No**16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**Eunice White 1110 E. Lombard St**18. **331x**

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) **Cerebral Hemorrhage**  
DUE TO**1 day.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) **Essential Hypertension**  
DUE TO  
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct. 1, 1953** to **Oct. 4, 1953**, that I last saw the  
deceased alive on **Oct. 4, 1953**, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**Stanford P. Inman**

M. D.

23B. ADDRESS

**2307 Grand Hill Ave**

23C. DATE SIGNED

**10-53**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)**Burial**

24B. DATE

**10/9/1953**

24C. NAME OF CEMETERY OR CREMATORY

**Mt Calvary Cem.**

24D. LOCATION (City, town, or county)

**Brooklyn Md.**

(State)

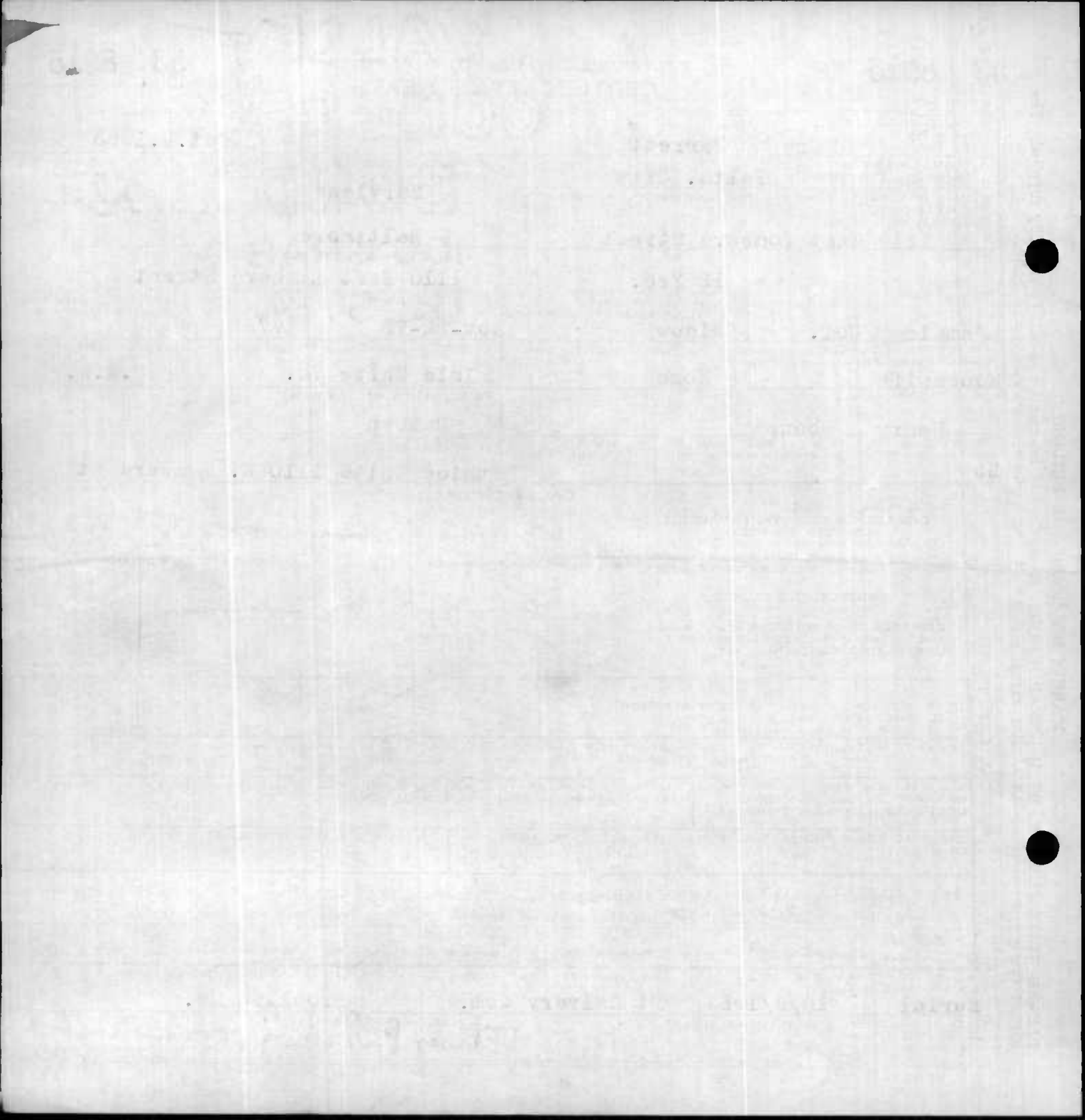
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**OCT 7-1953****Huntington Williams****Herby P. W. Dean 1700 Beantley****ap**





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Med. Case - Released to Hospital  
M-520  
53 8916  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8916  
Registered No.

|   |                                    |   |  |
|---|------------------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>George Manigo</b>   |                                    | 2. DATE OF DEATH<br><b>Oct 6, 1953</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>Emergency</b>  |                                    | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Md.</b><br>B. COUNTY <b>5-01</b> |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>JOHNS HOPKINS HOSPITAL</b> |                                    | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                                      |  |
| c. Length of stay in Baltimore <b>Balto. City</b>   |                                    | D. STREET ADDRESS (If rural, give location)<br><b>1208 McCubbin St</b>  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>Colored</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>March-11-1893</b>       |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>         |                                    | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>In General</b>  | 9. AGE (In years - last birthday)<br><b>60</b> |
| 13. FATHER'S NAME<br><b>James Manigo</b>  |                                    | 11. BIRTHPLACE (State or foreign country)<br><b>South Carolina</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)<br><b>No</b>                       |                                    | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  |
| 16. SOCIAL SECURITY NO.   |                                    | 14. MOTHER'S MAIDEN NAME<br><b>Mellie Blairburn</b>   |  |
| 17. INFORMANT<br><b>JOHNS HOPKINS HOSPITAL</b>  |                                    | ADDRESS   |  |

|  |  |  |
|--|--|--|
| 18. <b>023X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Chronic Congestive Failure</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>&gt;3 yrs</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Syphilitic Aortitis and Arteriosclerosis</b>  |  | <b>&gt;10 yrs</b>                                    |
| (C) <b>Tertiary Syphilis</b>   |  | <b>&gt;10 yrs</b>                                    |

|  |  |  |   |
|--|--|--|---|
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |  |  |   |
| 19A. DATE OF OPERATION<br><b>10/10/1953</b>  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED<br><b>Burial</b>                                      | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)                                | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |   |

22. I hereby certify that I attended the deceased from **11/16**, 19**53**, to **10/6**, 19**53**, that I last saw the deceased alive on **10/6**, 19**53**, and that death occurred at **11:16 P.M.** from the causes and on the date stated above.

|   |  |   |
|---|--|---|
| 23A. SIGNATURE<br><b>P. H. McFadyen</b>                       | 23B. ADDRESS<br><b>JOHNS HOPKINS HOSPITAL</b>        | 23C. DATE SIGNED<br><b>10-6-53</b>                            |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>    | 24B. DATE<br><b>10/10/1953</b>                       | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Balto. Nat. Cem.</b> |
| 24D. LOCATION (City, town, or county)<br><b>Baltimore Md.</b> | 24E. NAME OF REGISTRAR<br><b>Huntington Williams</b> | 24F. NAME OF REGISTRAR<br><b>W. O. Wilson</b>                 |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 7 - 1953</b>       | VS 150   | 97099   |

NOT A MEDICAL EXAMINER'S CASE

*R. H. Fisher*

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 8917**

IRTH NO.

|  |                                  |  |  |
|--|----------------------------------|--|--|
| NAME OF DECEASED<br>(Type or Print) <b>OLLIE CORKRAN</b>   |                                  | 2. DATE OF DEATH<br><b>Oct. 4, 1953</b>  |  |
| PLACE OF DEATH:<br><b>Baltimore City, Maryland 611 N. Belnord Ave.</b>   |                                  | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <b>Md.</b> B. COUNTY |  |
| FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><b>OLLIE CORKRAN</b> |                                  | C. CITY OR TOWN (If outside corporate limits, write R.R. and give township)<br><b>Baltimore</b>                        |  |
| D. STREET ADDRESS (If rural, give location)<br><b>611 N. Belnord Ave.</b>  |                                  |  |  |
| Length of stay in Baltimore <b>34 yrs</b>  |                                  | Yrs. Mos. Days   |  |
| SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>  | 8. DATE OF BIRTH<br><b>May 18, 1886</b>  |
| A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>machinist</b>      |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Armco Corp.</b>  | 9. AGE (In years last birthday) <b>67</b><br>If Under 1 Year: Months: Days<br>If Under 24 Hours: Hours: Min. |
| FATHER'S NAME<br><b>Ruben Corkran</b>  |                                  | 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b>   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Mollie Hubbard</b>  |  |
| 13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><b>no</b>                   | 16. SOCIAL SECURITY NO.          | 17. INFORMANT ADDRESS<br><b>Hilda Whiteley Corkran, wife, above</b>  |  |

|   |  |   |
|---|--|---|
| 18. <b>420.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Coronary Occlusion</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Sudden</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Cardio-Vascular Hypertension</b>   |  | <b>10 yrs</b>                                     |
| (C) <b>Heart Disease</b>  |  |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |   |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19A. DATE OF OPERATION <b>0</b>   |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>May 8, 1953</b> , to <b>Oct. 4, 1953</b> , that I last saw the deceased alive on <b>May 8, 1953</b> , and that death occurred at <b>6:30 P.M.</b> , from the causes and on the date stated above. |  |  |  |   |  |
| 23A. SIGNATURE<br><b>Wm. H. Foster</b>  |  | 23B. ADDRESS<br><b>2623 E. Monument St.</b>  |  | 23C. DATE SIGNED<br><b>Oct. 6, 1953</b>   |  |
| A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24B. DATE<br><b>Oct. 8, 1953</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Parkwood Cemetery</b>                      |  |
| 24D. LOCATION (City, town, or county)<br><b>Baltimore, Md.</b>  |  | 25. FUNERAL DIRECTOR<br><b>Schubert Funeral Home, Inc.</b>   |  | ADDRESS<br><b>2601-3-5 E. Madison St.</b>   |  |
| TE RECEIVED BY<br>CITY REGISTRAR<br><b>OT 7-1953</b>  |  | REGISTRAR'S SIGNATURE<br><b>H. H. Foster</b>   |  | VS 150  |  |

**54430**

W 100

UNITED STATES DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

100

|                           |  |                                   |  |                          |  |                           |  |
|---------------------------|--|-----------------------------------|--|--------------------------|--|---------------------------|--|
| 1. Name of deceased       |  | 2. Sex                            |  | 3. Age                   |  | 4. Date of death          |  |
| 5. Place of death         |  | 6. Cause of death                 |  | 7. Manner of death       |  | 8. Signature of physician |  |
| 9. Signature of registrar |  | 10. Signature of medical examiner |  | 11. Signature of coroner |  | 12. Signature of jury     |  |
| 13. Signature of witness  |  | 14. Signature of witness          |  | 15. Signature of witness |  | 16. Signature of witness  |  |
| 17. Signature of witness  |  | 18. Signature of witness          |  | 19. Signature of witness |  | 20. Signature of witness  |  |
| 21. Signature of witness  |  | 22. Signature of witness          |  | 23. Signature of witness |  | 24. Signature of witness  |  |
| 25. Signature of witness  |  | 26. Signature of witness          |  | 27. Signature of witness |  | 28. Signature of witness  |  |
| 29. Signature of witness  |  | 30. Signature of witness          |  | 31. Signature of witness |  | 32. Signature of witness  |  |
| 33. Signature of witness  |  | 34. Signature of witness          |  | 35. Signature of witness |  | 36. Signature of witness  |  |
| 37. Signature of witness  |  | 38. Signature of witness          |  | 39. Signature of witness |  | 40. Signature of witness  |  |
| 41. Signature of witness  |  | 42. Signature of witness          |  | 43. Signature of witness |  | 44. Signature of witness  |  |
| 45. Signature of witness  |  | 46. Signature of witness          |  | 47. Signature of witness |  | 48. Signature of witness  |  |
| 49. Signature of witness  |  | 50. Signature of witness          |  | 51. Signature of witness |  | 52. Signature of witness  |  |
| 53. Signature of witness  |  | 54. Signature of witness          |  | 55. Signature of witness |  | 56. Signature of witness  |  |
| 57. Signature of witness  |  | 58. Signature of witness          |  | 59. Signature of witness |  | 60. Signature of witness  |  |
| 61. Signature of witness  |  | 62. Signature of witness          |  | 63. Signature of witness |  | 64. Signature of witness  |  |
| 65. Signature of witness  |  | 66. Signature of witness          |  | 67. Signature of witness |  | 68. Signature of witness  |  |
| 69. Signature of witness  |  | 70. Signature of witness          |  | 71. Signature of witness |  | 72. Signature of witness  |  |
| 73. Signature of witness  |  | 74. Signature of witness          |  | 75. Signature of witness |  | 76. Signature of witness  |  |
| 77. Signature of witness  |  | 78. Signature of witness          |  | 79. Signature of witness |  | 80. Signature of witness  |  |
| 81. Signature of witness  |  | 82. Signature of witness          |  | 83. Signature of witness |  | 84. Signature of witness  |  |
| 85. Signature of witness  |  | 86. Signature of witness          |  | 87. Signature of witness |  | 88. Signature of witness  |  |
| 89. Signature of witness  |  | 90. Signature of witness          |  | 91. Signature of witness |  | 92. Signature of witness  |  |
| 93. Signature of witness  |  | 94. Signature of witness          |  | 95. Signature of witness |  | 96. Signature of witness  |  |
| 97. Signature of witness  |  | 98. Signature of witness          |  | 99. Signature of witness |  | 100. Signature of witness |  |

7-240  
8918

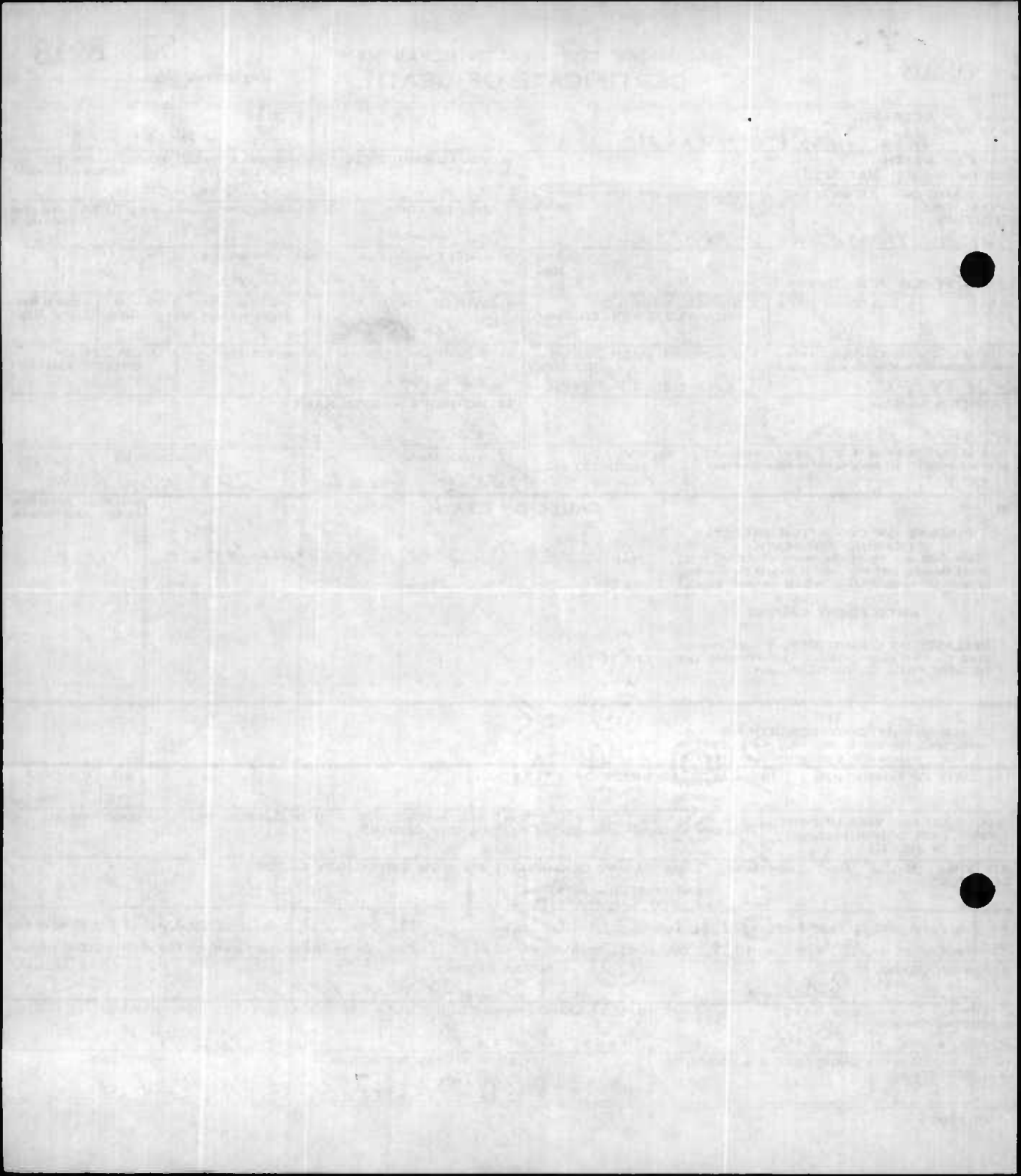
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8918

Registered No.

IRTH NO.

|   |                           |   |                                   |
|---|---------------------------|---|-----------------------------------|
| NAME OF DECEASED<br>(Type or Print) <b>Mrs Jessie Huxley</b>  |                           | 2. DATE OF DEATH <b>10-6-53</b>   |                                   |
| PLACE OF DEATH:<br><b>Baltimore City, Maryland</b>  |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Md.</b> B. COUNTY <b>BALTIMORE</b> |                                   |
| FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><b>Church Home &amp; Hospital</b>   |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Towson 5355</b>                                      |                                   |
| Length of stay in Baltimore<br>Yrs. Mos. Days   |                           | D. STREET ADDRESS (If rural, give location)<br><b>225 BURKE AVENUE</b>  |                                   |
| SEX <b>F</b>  | 6. COLOR OR RACE <b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>  | 8. DATE OF BIRTH <b>9-16-1886</b> |
| 9. AGE (In years last birthday) <b>67</b>   |                           | 11. BIRTHPLACE (State or foreign country) <b>England</b>  | 12. CITIZEN OF WHAT COUNTRY?      |
| A. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) <b>HOUSEWIFE</b>   |                           | 10B. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>   |                                   |
| FATHER'S NAME <b>Edwin Weatherby</b>  |                           | 14. MOTHER'S MAIDEN NAME <b>ANNE Taylor</b>   |                                   |
| WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>NO</b>   |                           | 16. SOCIAL SECURITY NO. <b>NOTE</b>   |                                   |
| 18. <b>443X</b>   |                           | 17. INFORMANT <b>PERCY Huxley</b> ADDRESS <b>Towson 225 BURKE AVE</b>   |                                   |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)   |                           | CAUSE OF DEATH<br>(A) <b>Hypertensive Cardiovascular Dis.</b> 104m.   |                                   |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |                           | (B) <b>Bronchitis</b>   |                                   |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                           |   |                                   |
| 19A. DATE OF OPERATION <b>0</b>   |                           | 19B. MAJOR FINDINGS OF OPERATION  |                                   |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   |                           | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |                                   |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                           | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                                   |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                           | 21F. HOW DID INJURY OCCUR?  |                                   |
| 22. I hereby certify that I attended the deceased from <b>9-25</b> , 19 <b>53</b> to <b>10-6</b> , 19 <b>53</b> that I last saw the deceased alive on <b>10-6</b> , 19 <b>53</b> and that death occurred at <b>12:45P</b> m., from the causes and on the date stated above. |                           |   |                                   |
| 23A. SIGNATURE <b>Coch C. Collins</b>   |                           | 23B. ADDRESS <b>Church Home Hosp.</b>   |                                   |
| 23C. DATE SIGNED <b>10-6-53</b>   |                           |   |                                   |
| 24B. DATE <b>10/8/53</b>  |                           | 24C. NAME OF CEMETERY OR CREMATORY <b>Green Mount</b>   |                                   |
| 24D. LOCATION (City, town, or county) <b>Balto. Md.</b>   |                           |   |                                   |
| 25. FUNERAL DIRECTOR <b>Thurston</b>  |                           | ADDRESS <b>1217 St. Paul St.</b>  |                                   |





**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 8919

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8919  
Registered No. \_\_\_\_\_

BIRTH NO.

|  |   |   |   |
|--|---|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Annie D. Parks</b>   |   | 2. DATE OF DEATH <b>10/5/53</b>   |   |
| 3. PLACE OF DEATH:<br>A. <b>Baltimore City, Maryland</b>   |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY <b>21-02</b> |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>South Baltimore General Hospital</b>   |   | C. CITY OR TOWN (If outside corporate limits, whether RURAL and give township)<br><b>Baltimore</b>  |   |
| c. Length of stay in Baltimore<br><b>43</b> Yrs. Mos. Days   |   | D. STREET ADDRESS (If rural, give location)<br><b>1515 Bush St. (30)</b>  |   |
| 5. SEX<br><b>F</b>   | 6. COLOR OR RACE<br><b>W</b>  | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>W</b>   | 8. DATE OF BIRTH<br><b>July 24, 1876</b>                                    |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |   | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Own home</b>  | 9. AGE (In years last birthday)<br><b>75</b>                                |
| 11. BIRTHPLACE (State or foreign country)<br><b>Dalto. Md.</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |   |
| 13. FATHER'S NAME<br><b>Henry Mills</b>  |   | 14. MOTHER'S MAIDEN NAME<br><b>Emily</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO.<br><b>1-1-1-1-1-1-1-1-1-1</b>   |   |
| 17. INFORMANT<br><b>Andrew D. Kendall</b>  |   | ADDRESS<br><b>1515 Bush St.</b>   |   |
| 18. <b>401.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Acute pulmonary edema</b>     |   | CAUSE OF DEATH<br><b>Acute pulmonary edema</b>  |   |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Chronic heart disease</b>   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 weeks</b>  |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><b>Arteriosclerosis</b>  |   |   |   |
| 19A. DATE OF OPERATION<br><b>10-5-53</b>   |   | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED<br><b>Acute pulmonary edema</b>  |   |
| 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |   | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II  |   |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)<br><input type="checkbox"/>  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Home</b> | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?<br><b>Home</b>   |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY<br><b>10-5-53 11:30 p.m.</b>   | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 21F. HOW DID INJURY OCCUR?<br><b>Heart failure</b>  |   |
| 22. I hereby certify that I attended the deceased from <b>9-27, 1953</b> to <b>10-5, 1953</b> , that I last saw the deceased alive on <b>10-5, 1953</b> , and that death occurred at <b>11:30 p.m.</b> , from the causes and on the date stated above. |   |   |   |
| 23a. SIGNATURE<br><b>Donald E. Newfame</b>   |   | 23b. ADDRESS<br><b>1213 Light St.</b>   |   |
| 23c. DATE SIGNED<br><b>10/10/53</b>  |   | 23d. ADDRESS<br><b>1213 Light St.</b>   |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 24B. DATE<br><b>10/10/53</b>  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Olivet Cemetery</b>  | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore, Maryland</b> |
| 25. FUNERAL DIRECTOR<br><b>Wm. C. Cook, Inc.</b>   | ADDRESS<br><b>1217 St. Paul St.</b>   |   |   |

1885 53

1885 53



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 8920**

BIRTH NO. **8920**

|  |                                    |   |  |  |  |
|--|------------------------------------|---|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>DOLORES Helovics SQUIRREL</b>  |                                    |   | 2. DATE OF DEATH <b>October 7, 1953</b>  |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                    |   | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |  |  |
| 5. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>University Hospital</b> |                                    |   | C. CITY OR TOWN (If outside corporate limits, write R.R. No. and give township)<br><b>Baltimore</b>                            |  |  |
| c. Length of stay in Baltimore   |                                    |   | D. STREET ADDRESS (If rural, give location)<br><b>535 Camel Alley</b>  |  |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>Colored</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>3-10-1918</b>   |  | 9. AGE (in years last birthday) <b>35</b>                    |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>    |                                    |   | 10B. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)<br><b>West Va.</b> |
| 13. FATHER'S NAME<br><b>?</b>  |                                    |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  |                                    | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br><b>Charles Coy - 535 Camel Alley</b>  |  |  |

|   |  |   |  |                                  |
|---|--|---|--|----------------------------------|
| 18. <b>490x and 581.1</b>   |  | CAUSE OF DEATH  |  | INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) |  | (A) <b>Lobar pneumonia</b>                                |  |                                  |
| DUE TO  |  |   |  |                                  |
| ANTECEDENT CAUSES   |  | (B)   |  |                                  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |  | DUE TO  |  |                                  |
|   |  | (C)   |  |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  | <b>Fatty infiltration of liver<br/>Chronic alcoholism</b> |  |                                  |

|  |   |  |  |   |
|--|---|--|--|---|
| 19A. DATE OF OPERATION   |   | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |  |   |

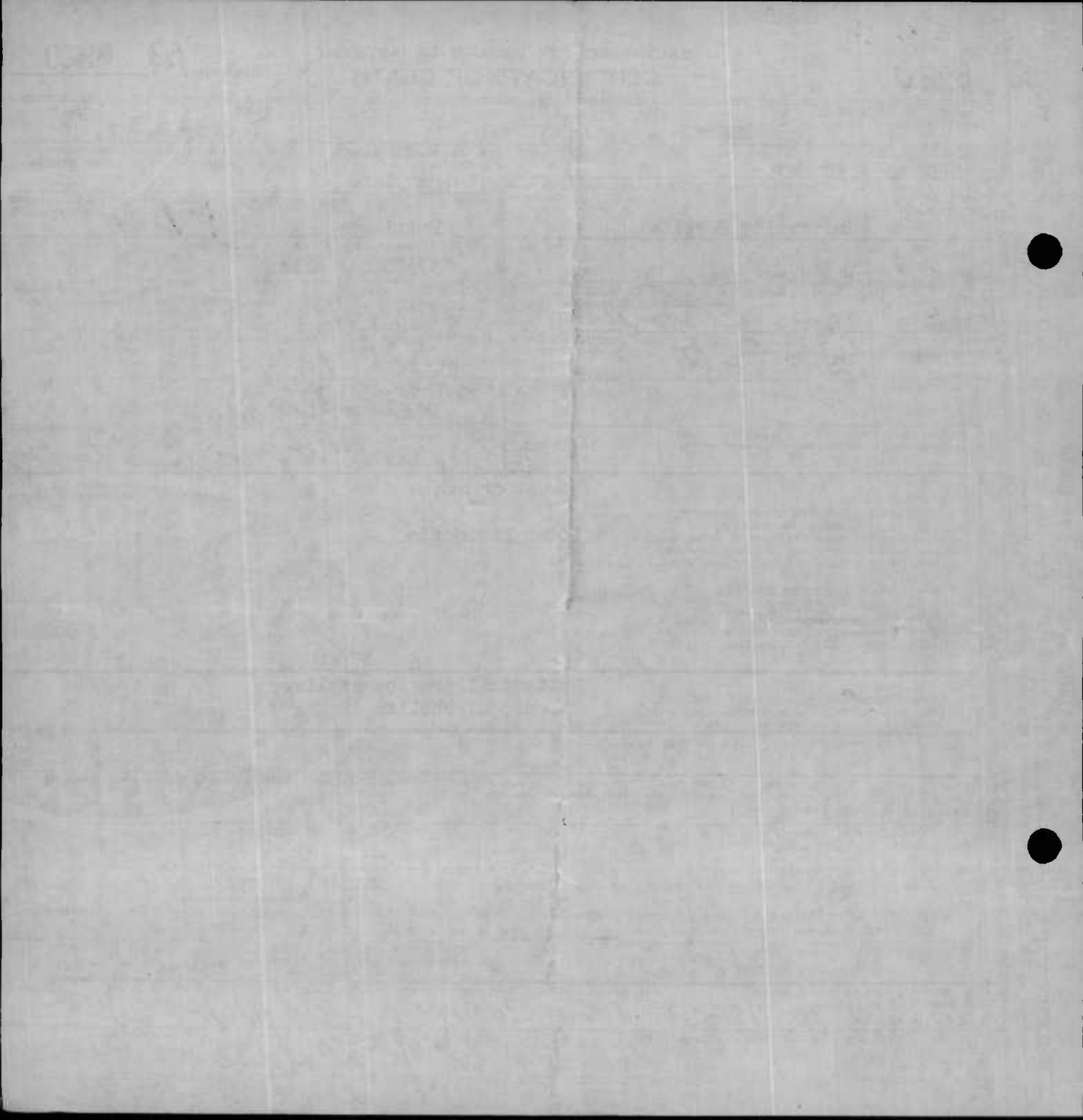
22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

|                                       |   |   |
|---------------------------------------|---|---|
| 23A. SIGNATURE<br><b>R. B. Fisher</b> | 23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> | 23C. DATE SIGNED<br><b>Oct. 7, 1953</b> |
|---------------------------------------|---|---|

|  |   |  |  |
|--|---|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24B. DATE<br><b>10-12-53</b>                        | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Calvary</b>                         | 24D. LOCATION (City, town, or county) (State)<br><b>Cedar Hill Md.</b> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 7-1953</b>      | REGISTRAR'S SIGNATURE<br><b>Huntington Williams</b> | 25. FEDERAL DIRECTOR'S ADDRESS<br><b>W. Halstead - 918 -<br/>Blind Hill Ave.</b> |  |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



CERTIFICATE AMENDED 10/8/53 ES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 8921

BIRTH NO. 53 8921

|   |                                  |   |  |  |                        |
|---|----------------------------------|---|--|--|------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Daniel Clancy</i>   |                                  |   | 2. DATE OF DEATH<br><i>Oct. 6-1953</i>   |  |                        |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>Brady 2</i>  |                                  |   | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br><i>Ind</i>    |  |                        |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><i>JOHNS HOPKINS HOSPITAL</i> |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore 10-01</i> |  |                        |
| D. STREET ADDRESS (If rural, give location)<br><i>829 E. Chase St.</i>  |                                  |   | E. LENGTH OF STAY IN BALTIMORE<br>Yrs. _____ Mos. _____ Days _____                                     |  |                        |
| 5. SEX<br><i>male</i>   | 6. COLOR OR RACE<br><i>white</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH<br><i>3-26-38</i>   | 9. AGE (In years - last birthday)<br><i>15</i> | 10. MONTHS<br><i>6</i> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>School Boy</i>      |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY  |  |                        |
| 11. BIRTHPLACE (State or foreign country)<br><i>Baltimore Md</i>  |                                  |   | 12. CITIZEN OF WHAT COUNTRY?<br><i>USA</i>   |  |                        |
| 13. FATHER'S NAME<br><i>James Clancy</i>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><i>Hazel Morrison</i>  |  |                        |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><i>no</i> |                                  |   | 16. SOCIAL SECURITY NO.<br><i>none</i>   |  |                        |
| 17. INFORMANT<br><i>JOHNS HOPKINS HOSPITAL</i>  |                                  |   | ADDRESS  |  |                        |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 18. <i>759.0 and E954.7</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Hypoxia for cystoscopy</i>                         |  | CAUSE OF DEATH (Under Anesthesia)<br><i>Hypoxia for cystoscopy</i>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>5 min</i>  |  |
| 19. ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><i>Pulmonary &amp; Endobronchial Hemorrhage</i>  |  | 20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><i>Fibrocystic Disease of 10-12 yrs</i> |  | 21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><i>Pancreas &amp; Lungs (probably congenital)</i> |  |
| 22. I hereby certify that I attended the deceased from <i>Oct 4</i> , 19 <i>53</i> , to <i>Oct 6</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Oct 6</i> , 19 <i>53</i> , and that death occurred at <i>12:30 P.M.</i> , from the causes and on the date stated above. |  | 23. SIGNATURE<br><i>William Brauman</i>   |  | 24. DATE SIGNED<br><i>10/6/53</i>   |  |
| 25. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |  | 26. DATE<br><i>Oct. 9, 1953</i>   |  | 27. NAME OF CEMETERY OR CREMATORY<br><i>New Bethel Cemetery</i>   |  |
| 28. LOCATION (City, town, or county) (State)<br><i>Baltimore Md</i>  |  | 29. FUNERAL DIRECTOR<br><i>W. G. Conklin</i>  |  | 30. ADDRESS<br><i>924 E. Eager St.</i>  |  |

VS 150

N999.0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CHIEF OR ASST. MEDICAL EXAMINER.

Dr. Silverman, Dir., Bu. TBC - BCHD

discussed the case with Dr. Brennan via phone.



P-623  
53 8922BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8922

BIRTH NO.

|  |                                  |   |   |   |  |
|--|----------------------------------|---|---|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>DRYDEN WORTHINGTON MARY PROCTOR</b>  |                                  |   | 2. DATE OF DEATH <b>Oct. 6, 1953</b>  |   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>✓</b>   |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore City</b> |   |  |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Church Home &amp; Hospital</b>  |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 13-0</b>  |   |  |
| c. Length of stay in Baltimore <b>18 yrs</b>   |                                  |   | D. STREET ADDRESS (If rural, give location) <b>2135 Bolton Street</b>   |   |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>   | 8. DATE OF BIRTH<br><b>Apr-2-1892</b>   |   | 9. AGE (In years last birthday)<br><b>61</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>None</b>   |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>  |   | 11. BIRTHPLACE (State or foreign country)<br><b>A. A. Co., Maryland</b>             |  |
| 13. FATHER'S NAME<br><b>Charles Hammond Worthington</b>  |                                  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Margaret Kent</b>  |   |  |
| 16. SOCIAL SECURITY NO.<br><b>None</b>   |                                  |   | 17. INFORMANT<br><b>Horatio P. Proctor, Jr.</b>   |   |  |
| 18. <b>581.0 I</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)<br><b>CAUSE OF DEATH</b><br>(A) <b>Hemorrhage from</b><br><b>Varicose veins in stomach</b><br>DUE TO<br>(B) <b>Cirrhosis of liver</b><br>DUE TO<br>(C) <b>5 years+</b> |                                  |   | ADDRESS<br><b>2135 Bolton Street</b><br>INTERVAL BETWEEN ONSET AND DEATH<br><b>6 days</b>   |   |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                                  |   |   |   |  |
| 19A. DATE OF OPERATION <b>✓</b>  |                                  | 19B. MAJOR FINDINGS OF OPERATION  |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |   | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |                                  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>Oct 1, 1953</b> to <b>Oct 6, 1953</b> that I last saw the deceased alive on <b>Oct 6, 1953</b> and that death occurred at <b>7 a</b> m., from the causes and on the date stated above.   |                                  |   |   |   |  |
| 23A. SIGNATURE<br><b>Vernon H. Norwood</b>   |                                  | 23B. ADDRESS<br><b>Church Home &amp; Hospital</b>   |   | 23C. DATE SIGNED<br><b>Oct 6, 1953</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 24B. DATE<br><b>Oct 8/53</b>  |   | 24C. NAME OF CEMETERY OR CREMATORY<br><b>St. Pauls Chapel Cemetery</b>              |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Crownsville, A. A. Co., Md</b>   |                                  | 24E. NAME OF CEMETERY OR CREMATORY<br><b>St. Pauls Chapel Cemetery</b>                                    |   | 24F. LOCATION (City, town, or county) (State)<br><b>Crownsville, A. A. Co., Md</b>  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 7-1953</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>Huntington</b>  |   | 25. FUNERAL DIRECTOR<br><b>St. Edward &amp; Mowen Co., 108 W. North Ave.</b>        |  |
| VS 150   |                                  | City #1.  |   |   |  |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8923

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Martha M. Gibson

2. DATE  
OF  
DEATH

OCT 5 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Md.,

BALTO

O. STREET ADDRESS (If rural, give location)

1642 Ruxton Ave.

c. Length of stay in Baltimore

5. SEX

female negro

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

1-7-94

9. AGE (in years last birthday)

59

10. Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Wilmington, Del.

13. FATHER'S NAME

J. H. Washington

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral vascular Accident

DUE TO

3 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Dis at last 5y

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Septicemia due to Staph aureus

2 wks

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-17-1953 to 10-5-1953 that I last saw the deceased alive on 10-5-1953 and that death occurred at 6:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Thompson

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Oct 5 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Baltimore, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thompson

25. FUNERAL DIRECTOR

1631 Duval Hill Ave

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8924  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Blanche Hilmore

2. DATE  
OF  
DEATH

Oct. 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1321 Lemmon St.

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1321 Lemmon St.

c. Length of stay in Baltimore

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 1, 1891

9. AGE (In years last birthday)

62

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Prob. Family

11. BIRTH PLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Hilmore

14. MOTHER'S MAIDEN NAME

Mary Sadley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Mary Sadley

18. 592X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Acute myocarditis 9/18/53  
Interstitial Nephritis 10/4/53

INTERVAL BETWEEN ONSET AND DEATH

9/18/53  
10/4/53

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

None

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/18, 1953 to 10/4, 1953 that I last saw the deceased alive on 10/4, 1953, and that death occurred at 8 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. T. Gunn

23B. ADDRESS

522 W. 11th St.

23C. DATE SIGNED

10/6/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 8, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 7 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

1631 Druid Hill Ave.

ADDRESS

1631 Druid Hill Ave.

1508 81

1508 82



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 53 8925

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH - <u>ROUTE 1</u><br>COUNTY <u>BALTIMORE</u> <u>ON TRAIN</u> MARYLAND |  | 2. USUAL RESIDENCE (HOME) OF DECEASED -<br>STATE <u>D.C.</u> COUNTY <u>V-48</u>              |  |
| CITY (If outside corporate limits, write RURAL and give nearest town) <u>BALTIMORE</u> |  | CITY (If outside corporate limits, write RURAL and give nearest town) <u>Washington D.C.</u> |  |
| TOWN <u>BALTIMORE</u>  |  | TOWN <u>Washington D.C.</u>  |  |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>ST JOSEPH'S Hosp.</u>                     |  | STREET ADDRESS <u>1346 Park Rd. N.W.</u>   |  |

|   |                  |  |                  |   |                 |                              |        |
|---|------------------|--|------------------|---|-----------------|------------------------------|--------|
| 3. NAME OF DECEASED (Type or Print)   | (First)          | (Middle)   | (Last)           | 4. DATE OF DEATH                          | (Month)         | (Day)                        | (Year) |
| JAMES   | HENRY            | SHEA   |                  | Oct                                       | 3               | 1953                         |        |
| 5. SEX  | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday                      | If under 1 year | If under 24 hrs.             |        |
| M   | W                |  | Feb 12, 1866     | 87 yrs.                                   | Months          | Days                         | Hours  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |                  | 10b. KIND OF BUSINESS OR INDUSTRY                |                  | 11. BIRTHPLACE (State or foreign country) |                 | 12. CITIZEN OF WHAT COUNTRY? |        |
| <u>Retired</u>  |                  | <u>U.S. Government</u>                           |                  | <u>MASS.</u>                              |                 | <u>U.S.A</u>                 |        |
| 13. FATHER'S NAME   |                  |  |                  | 14. MOTHER'S MAIDEN NAME                  |                 |                              |        |
| <u>JOHN SHEA</u>  |                  |  |                  | <u>BRIDGET COFFEY</u>                     |                 |                              |        |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)                           |                  | 16. SOCIAL SECURITY No.                          |                  | 17. INFORMANT                             |                 |                              |        |
| <u>No</u>   |                  | <u>NONE</u>                                      |                  | <u>MISS CATHERINE SHEA</u>                |                 |                              |        |

|   |  |  |
|---|--|--|
| 18. MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH                         |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   |  |  |
| Immediate cause   | (a) <u>Coronary occlusion</u>  | <u>1/2 hour</u>  |
| Antecedent cause(s)   | (b) <u>Coronary arteriosclerotic heart disease.</u>                      | <u>3 yrs</u>   |
| (c) <u>(Signature)</u>  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS  |  |  |
| Conditions contributing to the death but not related to the disease or condition causing death. |  |  |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?   |
|   |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 21. ACCIDENT (Specify)  | PLACE (Home, farm, factory, street, OF office bldg., etc.)               | (CITY OR TOWN)   |
| SUICIDE   | INJURY   | (COUNTY)   |
| HOMICIDE  |  | (STATE)  |
| TIME (Month) (Day) (Year) (Hour)  | INJURY OCCURRED  | HOW DID INJURY OCCUR?                                    |
| OF  | While at   |  |
| INJURY  | Work <input type="checkbox"/> Not While At work <input type="checkbox"/> |  |

22. I hereby certify that I attended the deceased from Jan 14, 1947, to Oct 3, 1953, that I last saw the deceased alive on July 9, 1953, and that death occurred at 1:40 P. m., from the causes and on the date stated above.

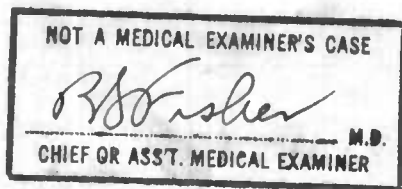
SIGNATURE Joseph J. McCarthy, M.D. ADDRESS Q St. N.W. Oct 4, 1953

|   |                          |                               |                                  |             |
|---|--------------------------|-------------------------------|----------------------------------|-------------|
| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF             | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State)     |
| <u>Burial</u>                           | <u>Oct 6, 1953</u>       | <u>Lutheran Cemetery</u>      | <u>New York City</u>             | <u>N.Y.</u> |
| DATE REC'D BY LOCAL REG.                | REGISTRAR'S SIGNATURE    | 24. FUNERAL DIRECTOR          | ADDRESS                          |             |
| <u>Oct 4, 1953</u>                      | <u>Mrs. J. S. Barere</u> | <u>W.W. Lattinell</u>         | <u>3619-14th St. N.W.</u>        |             |
| <u>Huntington Williams, M.D.</u>        |                          |                               |                                  |             |

OCT 7-1953

Wash. D.C.

~~Fulbert~~ Dr. Shepherd notified and will approve.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-400

53 8926

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8926  
Registered No.

|  |                                  |   |                                    |  |   |
|--|----------------------------------|---|------------------------------------|--|---|
| BIRTH NO.  |                                  | 1. NAME OF DECEASED<br>(Type or Print) <b>HALL, Everett F., SR.</b>   |                                    | 2. DATE OF DEATH<br><b>Oct. 5 1953</b>   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>Baltimore</b>   |                                  | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <b>MD.</b><br>B. COUNTY <b>A.A.</b> |                                    |  |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>University Hospital.</b>   |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>PASADENA (RURAL)</b>                               |                                    |  |   |
| c. Length of stay in Baltimore <b>1 week</b>   |                                  | D. STREET ADDRESS (If rural, give location)<br><b>MOUNTAIN ROAD 5200</b>  |                                    |  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>DIVORCED</b>  | 8. DATE OF BIRTH<br><b>12/4/89</b> | 9. AGE (In years last birthday)<br><b>64</b>   | 10. Under 1 Year Months: Days<br>11. Under 24 Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Superintendent</b>   |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>R.C. HIRD Co.</b>   |                                    | 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b>   |   |
| 13. FATHER'S NAME<br><b>JOHN WESSLEY HALL</b>  |                                  | 14. MOTHER'S MAIDEN NAME<br><b>MARY F. JONES</b>  |                                    | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA.</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>Unknown</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>216-09-5360</b>   |                                    | 17. INFORMANT <b>JR</b> ADDRESS<br><b>Everett Hall (son) Mountain Rd Pasadena.</b>   |   |
| 18. <b>204.1</b>   |                                  | CAUSE OF DEATH  |                                    | INTERVAL BETWEEN ONSET AND DEATH   |   |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  |                                  | (A) <b>Pulmonary Edema</b>  |                                    | <b>2 days</b>  |   |
| ANTECEDENT CAUSES  |                                  | (B) <b>Cardiac Failure</b>  |                                    | <b>1 week</b>  |   |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |                                  | (C) <b>Chronic Myeloid Leukemia</b>   |                                    | <b>1 1/2 years</b>   |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                                  |   |                                    |  |   |
| 19A. DATE OF OPERATION <b>0</b>  |                                  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |                                    | 20. AUTOPSY?<br>IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |   |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |                                    | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?   |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |                                  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                             |                                    | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <b>Oct. 1<sup>st</sup></b> , 1953, to <b>Oct 5<sup>th</sup></b> , 1953, that I last saw the deceased alive on <b>Oct. 5<sup>th</sup></b> , 1953, and that death occurred at <b>10:40<sup>am</sup></b> , from the causes and on the date stated above. |                                  |   |                                    |  |   |
| 23A. SIGNATURE<br><b>Groff C. R. Cary</b>  |                                  | 23B. ADDRESS<br><b>University Hospital, Baltimore</b>   |                                    | 23C. DATE SIGNED<br><b>Oct 5 1953</b>  |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   |                                  | 24B. DATE<br><b>OCT-8, 1953</b>   |                                    | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Mount Carmel</b>  |   |
| 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore Md</b>   |                                  | 24E. FUNERAL DIRECTOR<br><b>W. J. Langston</b>  |                                    | 24F. ADDRESS<br><b>Gen Burns, Md.</b>  |   |

1980

53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-460

8927 JL-175438

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8927  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Jacob Miller

2. DATE  
OF  
DEATH

10-7-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)  
A. STATE

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR INSTITUTION location)Baltimore City Hospitals  
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3937 Clarks Lane APT D

c. Length of stay in Baltimore

60 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE MARRIED,

WIDOWED DIVORCED (Specify)

Wid.

8. DATE OF BIRTH

September 1881

9. AGE (in years  
last birthday)

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Inspector

10B. KIND OF BUSINESS OR  
INDUSTRY

Tailor Shop

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

Rebecca Edelstein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

220-24-0273

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18. 420.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

~~xxxx~~ Acute Pulmonary edema - Pos. Acute  
Myocardial infarction

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 6, 19 53 to Oct. 7, 19 53 that I last saw the  
deceased alive on Oct. 7, 19 53, and that death occurred at 1.25am., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Miller

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

10-7-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/8/53

24C. NAME OF CEMETERY OR CREMATORY

Progressive Sick &amp; Relief

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 8 - 1953

Huntington Williams, 42 Sol. Levinson &amp; Bros. - 1124-26 W.

VS 150

5906E

North Avenue

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W-252  
MAT-175231

53 8928

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 53 8928

|  |                            |  |                                |
|--|----------------------------|--|--------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print)   |                            | 2. DATE OF DEATH   |                                |
| Baby Girl Washington   |                            | 10-2-1953  |                                |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                            | 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)<br>A. STATE Maryland B. COUNTY |                                |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br>31 Baltimore City Hospitals<br>4940 Eastern Ave.  |                            | 6. CITY OR TOWN (If outside corporate limits, write R.R. and give township)<br>Baltimore 25-32                       |                                |
| 7. LENGTH OF STAY IN BALTIMORE<br>life   |                            | 8. STREET ADDRESS (If rural, give location)<br>3447 Spelman Rd. #25  |                                |
| 9. SEX<br>Female   | 10. COLOR OR RACE<br>Negro | 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>Single   | 12. DATE OF BIRTH<br>10-1-1953 |
| 13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                            | 14. AGE (In years, last birthday)<br>1   |                                |
| 15. KIND OF BUSINESS OR INDUSTRY   |                            | 16. CITIZEN OF WHAT COUNTRY?<br>Maryland   |                                |
| 17. FATHER'S NAME<br>William Washington  |                            | 18. MOTHER'S MAIDEN NAME<br>Rosalee Bruce  |                                |
| 19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  |                            | 20. SOCIAL SECURITY NO.  |                                |
| 21. INFORMANT  |                            | 22. ADDRESS<br>B. C. H. 4940 Eastern Ave. (records)  |                                |
| 23. CAUSE OF DEATH<br>18. 760.0<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>Subarachnoid Hemorrhage<br>LIFE<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                            | 24. INTERVAL BETWEEN ONSET AND DEATH<br>Life   |                                |
| 25. DATE OF OPERATION  |                            | 26. CONDITION FOR WHICH OPERATION WAS PERFORMED  |                                |
| 27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   |                            | 28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                              |                                |
| 29. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                            | 30. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?  |                                |
| 31. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK  |                            | 32. HOW DID INJURY OCCUR?  |                                |
| 33. I hereby certify that I attended the deceased from 10-1, 1953 to 10-2, 1953, that I last saw the deceased alive on 10-2, 1953, and that death occurred at 1:45 a.m., from the causes and on the date stated above.   |                            |  |                                |
| 34. SIGNATURE<br>H. J. [Signature]   |                            | 35. ADDRESS<br>4940 Eastern Ave.   |                                |
| 36. DATE<br>10-6-53  |                            | 37. NAME OF CEMETERY OR CREMATORY<br>B. C. H.  |                                |
| 38. BURIAL, CREMATION, REMOVAL (Specify)<br>cremated   |                            | 39. LOCATION (City, town, or county) (State)<br>4940 Eastern Ave.  |                                |
| 40. DATE RECEIVED BY LOCAL REGISTRAR   |                            | 41. REGISTRAR'S SIGNATURE  |                                |
| 42. FUNERAL DIRECTOR   |                            | 43. ADDRESS  |                                |

10-1-1971

10-1-1971

10-1-1971

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**J-525**  
**FVJ-175203**  
**53 8929**  
**BIRTH NO. 53 8929**

**BALTIMORE CITY HEALTH DEPARTMENT**  
**CERTIFICATE OF DEATH**

**53 8929**  
**Registered No. 53 8929**

|   |                  |  |   |  |                              |
|---|------------------|--|---|--|------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print)  |                  |  | 2. DATE OF DEATH  |  |                              |
| Baby Girl - Pearline Johnson  |                  |  | 9-30-1953   |  |                              |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland   |                  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) |  |                              |
| b. FULL NAME OF HOSPITAL OR INSTITUTION   |                  |  | a. STATE  |  |                              |
| Baltimore City Hospitals  |                  |  | Maryland  |  |                              |
| 4940 Eastern Avenue   |                  |  | c. CITY OR TOWN   |  |                              |
| Baltimore   |                  |  | (If outside corporate limits, write RURAL and give township)                          |  |                              |
| c. Length of stay in Baltimore  |                  |  | d. STREET ADDRESS (If rural, give location)   |  |                              |
| life  |                  |  | 4 North Caroline St #3  |  |                              |
| 5. SEX  | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  | 8. DATE OF BIRTH  | 9. AGE (In years last birthday)  | If Under 1 Year Months Days  |
| Female  | Negro            | Single   | 9-30-1953   | Newborn  | 2 5                          |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                  | 10B. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (State or foreign country)   |  | 12. CITIZEN OF WHAT COUNTRY? |
|   |                  |  | Maryland  |  |                              |
| 13. FATHER'S NAME   |                  |  | 14. MOTHER'S MAIDEN NAME  |  |                              |
| Roy Dyer  |                  |  | Pearline Reed   |  |                              |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)  |                  | 16. SOCIAL SECURITY NO.  | 17. INFORMANT ADDRESS   |  |                              |
|   |                  |  | B.C.H. 4940 Eastern Ave. (records)  |  |                              |
| 18. 760.0 CAUSE OF DEATH  |                  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |                              |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)                      |                  |  | (A) Intracranial Hemorrhage   |  |                              |
| ANTECEDENT CAUSES   |                  |  | DUE TO  |  |                              |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |                  |  | (B) DUE TO  |  |                              |
|   |                  |  | (C) DUE TO  |  |                              |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                  |  |   |  |                              |
| 19A. DATE OF OPERATION  |                  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   |   | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   |                              |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   |                  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) |   | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |                              |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                  | 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK                                     |   | 21F. HOW DID INJURY OCCUR?   |                              |
| 22. I hereby certify that I attended the deceased from 9-30-1953, to 9-30-1953, that I last saw the deceased alive on 9-30-1953, and that death occurred at 9:30P.m., from the causes and on the date stated above. |                  |  |   |  |                              |
| 23A. SIGNATURE  |                  | 23B. ADDRESS   |   | 23C. DATE SIGNED   |                              |
| H. J. [Signature]   |                  | 4940 Eastern Avenue  |   | 9-30-1953  |                              |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)   |                  | 24B. DATE  |   | 24C. NAME OF CEMETERY OR CREMATORY                                       |                              |
| Cremated  |                  | 10-2-1953  |   | Baltimore City Hospitals   |                              |
| 24D. LOCATION (City, town, or county)   |                  | 24E. DATE RECEIVED BY LOCAL REGISTRAR  |   | 24F. REGISTRAR'S SIGNATURE   |                              |
| 4940 Eastern Ave., Baltimore, Md.   |                  | OCT 8-1953   |   | [Signature]  |                              |
| 25. FUNERAL DIRECTOR ADDRESS  |                  |  |   |  |                              |

100

100

100

423

3 8930 53-23245

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8930 Registered No.

1. NAME OF DECEASED (Twin "B")  
Infant of Fannie Alston (607646)

2. DATE OF DEATH  
September 21, 1953

3. PLACE OF DEATH:  
Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE Maryland B. COUNTY Baltimore

5. FULL NAME OF HOSPITAL OR INSTITUTION  
The Johns Hopkins Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Turners Station

7. STREET ADDRESS (If rural, give location)  
142 Barberry Court - 22

8. Length of stay in Baltimore Infant

9. SEX female

10. COLOR OR RACE Negro

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

12. DATE OF BIRTH  
September 21, 1953

13. AGE (In years last birthday) 9. Under 1 Year Months: Days: 2 12

14. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

15. KIND OF BUSINESS OR INDUSTRY

16. BIRTHPLACE (State or foreign country)  
Maryland

17. CITIZEN OF WHAT COUNTRY?

18. FATHER'S NAME  
Jerry Alston

19. MOTHER'S MAIDEN NAME  
Fannie Williams

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

21. SOCIAL SECURITY NO.

22. INFORMANT  
Hospital Records

23. ADDRESS

24. CAUSE OF DEATH  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
A. ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
B. CAUSE OF DEATH  
C. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  
II. CAUSE OF DEATH  
A. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
B. ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
C. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

25. INTERVAL BETWEEN ONSET AND DEATH

26. DATE OF OPERATION  
0

27. MAJOR FINDINGS OF OPERATION

28. AUTOPSY?  
YES ☐ NO ☐

29. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

30. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

31. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

32. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) OF INJURY

33. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

34. HOW DID INJURY OCCUR?

35. I hereby certify that I attended the deceased from Sept. 21, 1953 to Sept. 21, 1953, that I last saw the deceased alive on Sept. 21, 1953, and that death occurred at 6.10 Pm., from the causes and on the date stated above.

36. SIGNATURE

37. ADDRESS

38. DATE SIGNED

39. BURIAL, CREMATION, REMOVAL (Specify)

40. DATE

41. NAME OF CEMETERY OR CREMATORY

42. LOCATION (City, town, or county) (State)

43. RECEIVED BY CAL REGISTRAR

44. REGISTRAR'S SIGNATURE

45. FUNERAL DIRECTOR

46. ADDRESS

VS 150

Birth mgt



AB-175103  
H-526  
53 8931BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8931  
Registered No.

BIRTH NO. 13-23334

1. NAME OF DECEASED  
(Type or Print)

Baby Girl Honaker

2. DATE  
OF  
DEATH

9-29-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONBaltimore City Hospitals  
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

710 S. Bond St. zone 31

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.

F

W

Single

9-28-1953

9

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Marshall Honaker

14. MOTHER'S MAIDEN NAME

Pansy Cole

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT 4940 Eastern Ave.  
Records: Baltimore City Hospitals

18. 760.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Intra cranial Hemorrhage  
Intra peritoneal Hemorrhage

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-28-1953 to 9-29-1953 that I last saw the  
deceased alive on 9-29-1953 and that death occurred at 3:45 AM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

H. J. Honaker, M. D.

4940 Eastern Ave., Baltimore, Md.

9-29-1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Cremated

9-30-53 @ Pan

B. C. Hosp. Crematory

4940 Eastern Ave.

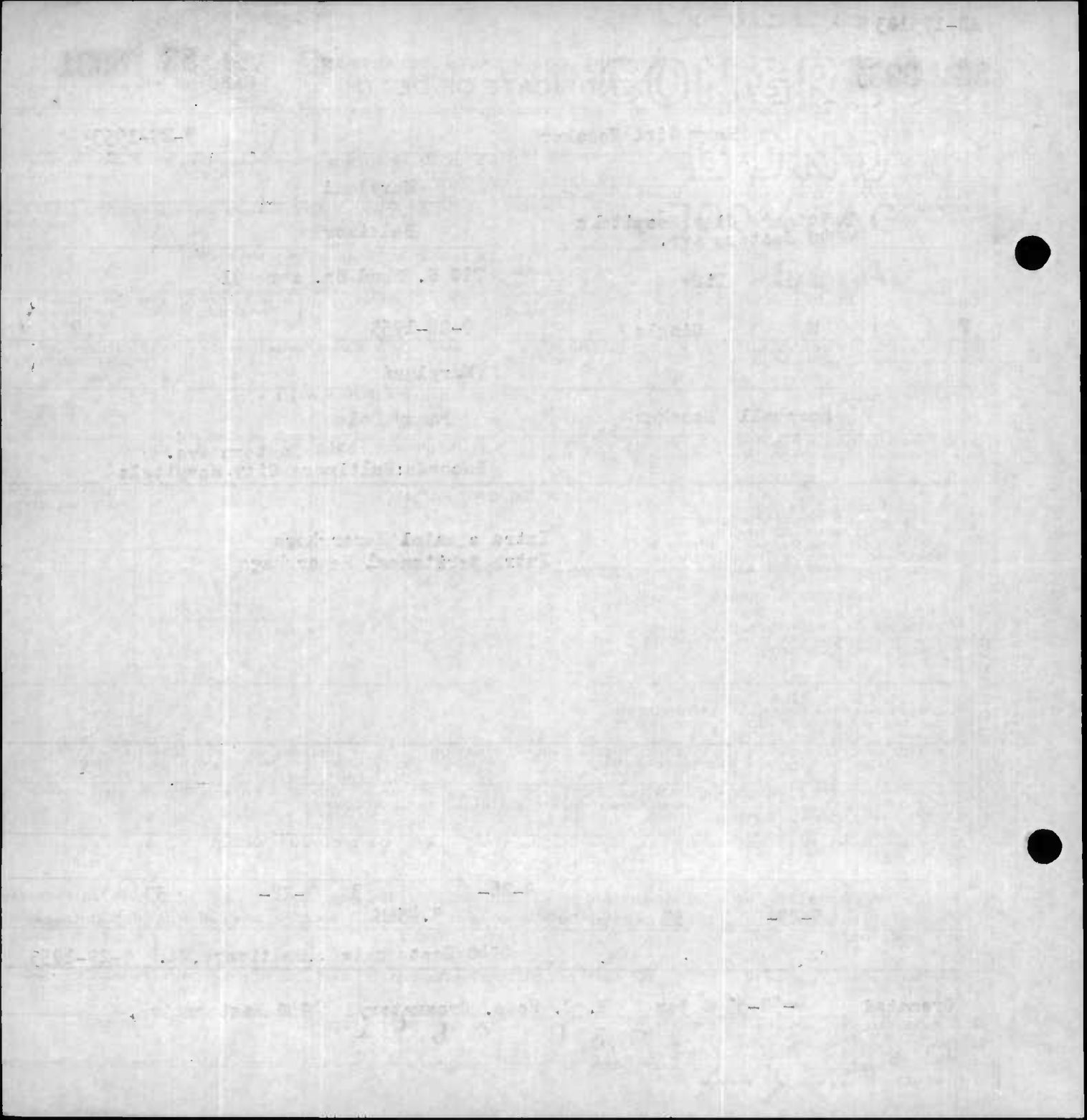
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 8-1953 Huntington Williams, M.D.



53 R-350 8932

CERTIFICATE AMENDED 10/30/53 ES  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8932  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Nicholas W. Rodin

2. DATE  
OF  
DEATH

10/7/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

1707 WAVERLY WAY 12

C. CITY OR TOWN (If outside corporate limits, write R.R. and give  
township)

Baltimore

27-38

D. STREET ADDRESS (If rural, give location)

1207 Waverly Way

C. Length of stay in Baltimore

4

Yrs.  
Mos.  
Days

5. SEX

W.

6. COLOR OR RACE

MALE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

12 OCT. 1917

9. AGE (In years  
last birthday)

35

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

ECONOMIST

10B. KIND OF BUSINESS OR  
INDUSTRY

JOHNS HOPKINS UNIV.

11. BIRTHPLACE (State or foreign country)

CANADA

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CONSTANTINE RODIN

14. MOTHER'S MAIDEN NAME

DOMMA WEBER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

No. (R.C.A.F.)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MILDRED C. RODIN - SAME

18. 180X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Metastatic carcinoma

7 months

DUE TO

ANTECEDENT CAUSES

(B)

Kidney (autopsy)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 1952 to October 7, 1953, that I last saw the  
deceased alive on 10/2, 1953, and that death occurred at 10:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. G. L. Saxe

M. D.

23B. ADDRESS

11 E. Chase St.

23C. DATE SIGNED

10/7/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

CREMATION

24B. DATE

10-8-53

24C. NAME OF CEMETERY OR CREMATORY

GREENMOUNT

24D. LOCATION (City, town, or county) (State)

BALTO. md.

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 8 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

W. E. Speed III, 015 8V

ADDRESS

See query reply in Document file

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 8933**

**53 8933**

|   |                                  |   |   |  |   |
|---|----------------------------------|---|---|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>HARRY EZERSKY</b>   |                                  |   | 2. DATE OF DEATH <b>October 6, 1953</b>   |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>Johns Hopkins Hospital</b> |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                            |  |   |
| c. Length of stay in Baltimore <b>Life</b> Yrs. Mos. Days   |                                  |   | D. STREET ADDRESS (If rural, give location)<br><b>3705 Menlo Drive</b>  |  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b> | 8. DATE OF BIRTH<br><b>May 1, 1907</b>  | 9. AGE (in years last birthday)<br><b>46</b> | 10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Grocer</b>          |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY   |  |   |
| 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore Md</b>  |                                  |   | 12. CITIZEN OF WHAT COUNTRY?  |  |   |
| 13. FATHER'S NAME<br><b>Samuel</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Pearl</b>  |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                                  |   | 16. SOCIAL SECURITY NO.   |  |   |
| 17. INFORMANT<br><b>Kate Ezersky - Home</b>   |                                  |   | ADDRESS   |  |   |

|  |  |  |  |                                  |  |
|--|--|--|--|----------------------------------|--|
| 18. <b>E981X</b>   |  | CAUSE OF DEATH   |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) |  | (A) <b>Gunshot wound of chest with penetration of both lungs and heart</b> |  |                                  |  |
| ANTECEDENT CAUSES  |  | (B)  |  |                                  |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |  | DUE TO   |  |                                  |  |
| (C)  |  |  |  |                                  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |  |  |                                  |  |

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| 19A. DATE OF OPERATION  |   | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>street</b>         | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)<br><b>In front of 200 block Eden St.</b>   |  |   |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY<br><b>October 6, 1953 6:30 P.m.</b>   | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21F. HOW DID INJURY OCCUR? Shot apparently during attempted hold-up   |  |   |  |
| 22. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> . |   |   |  |   |  |
| 23A. SIGNATURE<br><b>R. B. Fisher</b>   |   | 23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> |  | 23C. DATE SIGNED<br><b>October 7, 1953</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 24B. DATE<br><b>10-8-53</b>   | 24C. NAME OF CEMETERY OR CREMATORY<br><b>United Hebrew</b>  | 24D. LOCATION (City, town, or county) (State)<br><b>Balto Md</b>           |   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 8-1953</b>   | REGISTRAR'S SIGNATURE<br><b>Huntington Williams</b>   |   | 25. FUNERAL DIRECTOR<br><b>Jack Lewis</b> ADDRESS<br><b>2100 Canton Pl</b> |   |  |

V S 151

N 862.4

2906A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1948

22

RECEIVED BY THE DIRECTOR  
OF THE BUREAU OF REVENUE  
WASHINGTON, D. C.

1948

22



D-210  
53 8934BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8934  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

JOEL DASHEIFF

2. DATE  
OF  
DEATH

10-7-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF  
(If not in hospital or institution, give street address or  
location)

5007 Queensbury Ave

Length of stay in Baltimore

SEX  
Male  
6. COLOR OR RACE  
White  
7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
marriedA. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

FATHER'S NAME

Pesek

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18. 420.0  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1953, to Oct 7, 1953, that I last saw the  
deceased alive on Oct 7, 1953, and that death occurred at 9:57 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25. FUNERAL DIRECTOR

ADDRESS

4840  
2005  
Hawthorn

To 4319

2472

T-651

8935

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8935

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Samuel Greenberg

2. DATE  
OF  
DEATH

10/7/53

PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE Md B. COUNTY

FULL NAME OF (If not in hospital or institution, give street address or location)  
SPITAL OR  
STITUTION

Levindale

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 15th

Length of stay in Baltimore

60 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)  
4219 Roland View Ave

SEX Male 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced

8. DATE OF BIRTH 9. AGE (In years last birthday) 83 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

A. USUAL OCCUPATION (Give kind of duty during most of working life, even if retired)

Broccoli

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)  
Russia

12. CITIZEN OF WHAT COUNTRY?

FATHER'S NAME

Abraham

14. MOTHER'S MAIDEN NAME

not known

1. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Louis Greenberg - 5710 Sunnyside

18. 450.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTECEDENT CAUSES

(A) DUE TO

General Arteriosclerosis

sev. years

(B) DUE TO

(C) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29 1953 to 10-7 1953, that I last saw the deceased alive on 10-7 -, 1953, and that death occurred at 2:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE  
G. Goniondski

23B. ADDRESS  
M. D. Levindale Home

23C. DATE SIGNED  
10-7-53

24. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE  
10-8-53

24C. NAME OF CEMETERY OR CREMATORY  
Rosedale

24D. LOCATION (City, town, or county) (State)  
Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

10-8-1953

REGISTRAR'S SIGNATURE  
Huntington Hall

25. FUNERAL DIRECTOR ADDRESS  
2100 Canton Pl

2906A



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8936  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

REBECCA BELMAN

2. DATE  
OF  
DEATH

Oct 8/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Lincoln Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-1

D. STREET ADDRESS (If rural, give location)

3500 Cottage Ave

E. Length of stay in Baltimore

Yrs. 42  
Mos. 57  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Frederick

14. MOTHER'S MAIDEN NAME

Ester

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

INFORMANT

ADDRESS

Geo Belman

18. 422.1 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac arrest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) cerebral &amp; cardiac sclerosis

(C) Arteriosclerotic cardiovascular heart disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 5, 1953 to Oct 8, 1953, that I last saw the deceased alive on Oct 7, 1953, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

William Lorman

M. O.

23B. ADDRESS

Lincoln Hospital

23C. DATE SIGNED

Oct 8/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-8-53

24C. NAME OF CEMETERY OR CREMATORY

Herring Run

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 8-1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jesse E. Evers 2100 Eutaw Pl

ADDRESS

2088

10

2088





M-000

8937

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 89

IRTH NO.

NAME OF DECEASED  
(Last name or Print)

M. Madeline May

2. DATE  
OF  
DEATH

10/7/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
SPITAL OR  
STITUTION

1167 Cleveland St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STREET

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

1167 Cleveland St.

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
married

A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

House wife at Home

10. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

11/5/1901

9. AGE (In years last birthday)

51

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

FATHER'S NAME

Herbert Miller

14. MOTHER'S MAIDEN NAME

Alice Quinn

WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr August B. May and St.

1B. 144X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Acedrocuremone left gun 7 months  
DUE TO and cheek.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

April 1953

19B. MAJOR FINDINGS OF OPERATION

Acedrocuremone

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov 26, 1952 to Oct 7, 1953, that I last saw the deceased alive on Oct 7, 1953, and that death occurred at 9 P. m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Mulock Jr

23B. ADDRESS

1227 Wash Blvd

23C. DATE SIGNED

10.8.53

A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/10/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Lem

24D. LOCATION (City, town, or county)

4430 Belair Rd -

(State)

DATE RECEIVED BY LOCAL REGISTRAR

OCT 8-1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

John J. Lowan &amp; Son Hollins

ADDRESS

7 St.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

1. Name of Deceased: [Illegible]

2. Sex: [Illegible]

3. Age: [Illegible]

4. Date of Birth: [Illegible]

5. Date of Death: [Illegible]

6. Place of Death: [Illegible]

7. Cause of Death: [Illegible]

8. Signature of Physician: [Illegible]

9. Signature of Registrar: [Illegible]

10. Date of Registration: [Illegible]

400  
8938BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8938  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Mrs. Elsie Z. Rowley

2. DATE  
OF  
DEATH

Oct 8 '53

PLACE OF DEATH:

Baltimore City, Maryland

Baltimore City

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
STITUTION

Maryland General Hospital

Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2114 Lake Ave. #18

SEX

6. COLOR OR RACE

A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

July 9 '18 79 74

U. BIRTHPLACE (State or foreign country)

Balto Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME

Jasnell

14. MOTHER'S MAIDEN NAME

Victoria Van pelt

WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. ELSIE G. LAMLEY - LAKE Ave

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cardiac failure

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

myocardial infarction

DUE TO

(C)

P.V.C.R.D.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from Oct 3<sup>rd</sup>, 1953, to Oct 8<sup>th</sup>, 1953 that I last saw the deceased alive on Oct 7<sup>th</sup>, 1953 and that death occurred at 5A m., from the causes and on the date stated above.

23A. SIGNATURE

M.H. Chang

M. D.

23B. ADDRESS

Maryland General Hospital Oct 8 '53

23C. DATE SIGNED

A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial Oct. 10-1953

Hoodlawn Cem. Balto Md

25. FUNERAL DIRECTOR

ADDRESS

RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

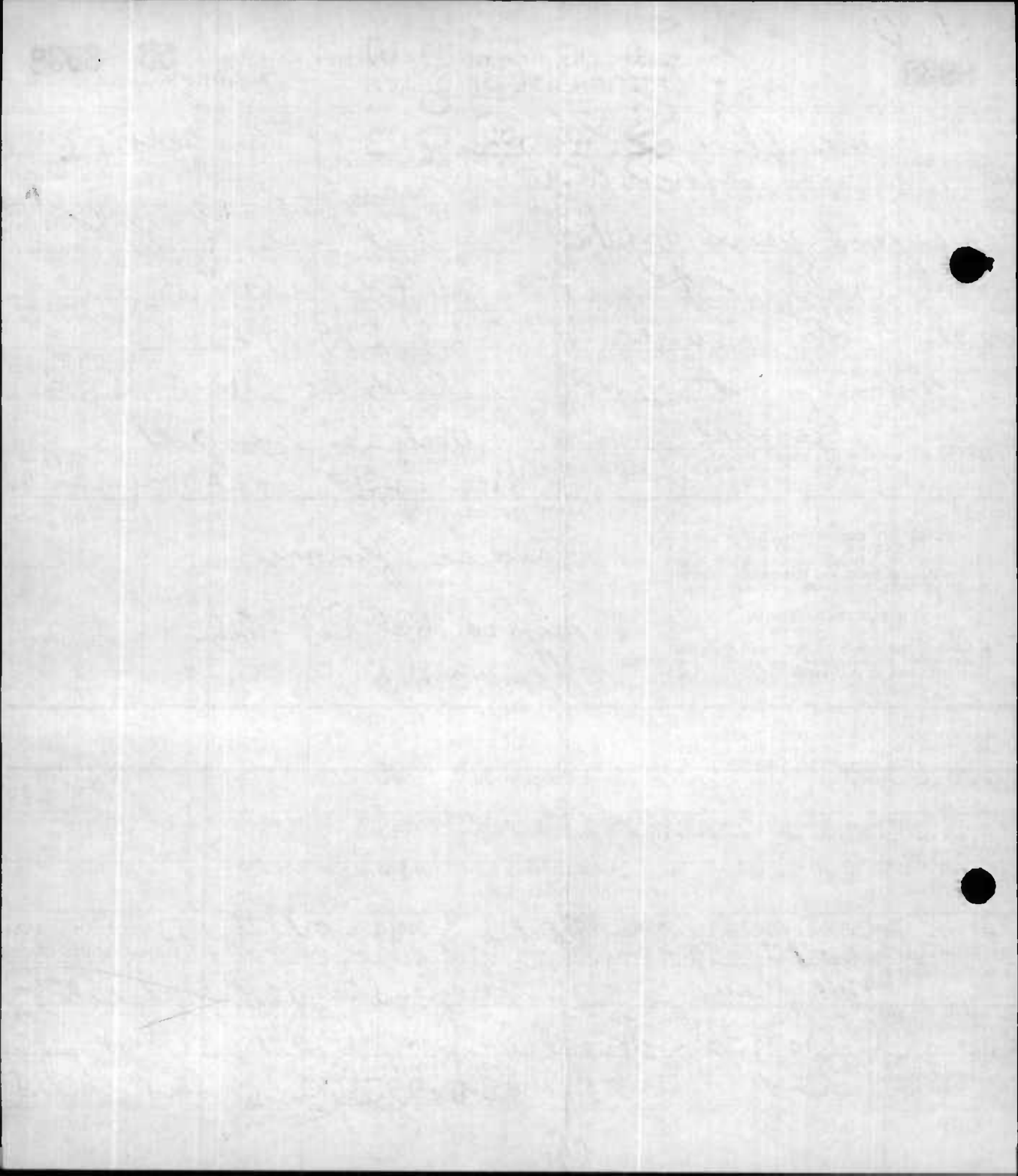
ADDRESS

CT 8-1953

Huntington Williams

Lorraine J. Kuck

5305 Hayford



A-652

53 8939

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8939

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs. Abbie J. Armacost

2. DATE  
OF  
DEATH

October 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

1206 Union Avenue

C. CITY OR TOWN (If outside corporate limits, write full name, and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1206 Union Avenue

c. Length of stay in Baltimore 50 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan. 31, 1881

9. AGE (in years  
last birthday)

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Jarrett N. Wilson

14. MOTHER'S MAIDEN NAME

Mary Ida Downes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Wm. H. Ruby 2774 Kildair Drive

18. 434.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

congestive heart failure

3 mo.

## ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C) DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1953, to 10/6, 1953 that I last saw the  
deceased alive on 10/5, 1953, and that death occurred at 11.30 a. m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 9, 1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 8-1953

Huntington Williams

Burgee Funeral Home

3631 Falls Road

Nedice F. Burgee

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MAF-175328

53-620

53 8940

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8940

|   |                           |   |                                       |
|---|---------------------------|---|---------------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print)  |                           | 2. DATE OF DEATH  |                                       |
| Gladys Gross  |                           | 10-5-1953   |                                       |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)                     |                                       |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br>Baltimore City Hospitals<br>4940 Eastern Ave.  |                           | A. STATE<br>Maryland<br>B. COUNTY   |                                       |
| C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  |                           | D. STREET ADDRESS (If rural, give location)   |                                       |
| Baltimore   |                           | 630 W. Barre St. #30  |                                       |
| c. Length of stay in Baltimore  | life                      |   |                                       |
| 5. SEX<br>Female  | 6. COLOR OR RACE<br>Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>Married  | 8. DATE OF BIRTH<br>July 31, 1908     |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>H. W.  |                           | 10B. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (In years last birthday)<br>45 |
| 13. FATHER'S NAME<br>Jesse Woody (d)  |                           | 14. MOTHER'S MAIDEN NAME<br>Moddie Lee  |                                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)  |                           | 16. SOCIAL SECURITY NO.   |                                       |
| 17. INFORMANT<br>B. C. H. 4940 Eastern Ave. (records)   |                           | ADDRESS   |                                       |
| 18. 446x<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>Uremia<br>DUE TO<br>ANTECEDENT CAUSES<br>Arteriosclerotic Nephrosclerosis<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>DUE TO<br>(C) |                           | INTERVAL BETWEEN ONSET AND DEATH  |                                       |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                           |   |                                       |
| 19A. DATE OF OPERATION<br>7   |                           | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |                                       |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   |                           | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |                                       |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                           | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |                                       |
| 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?  |                           | 21F. HOW DID INJURY OCCUR?  |                                       |
| 22. I hereby certify that I attended the deceased from 10-4, 1953 to 10-5, 1953 that I last saw the deceased alive on 10-5, 1953, and that death occurred at 9:45 A.m., from the causes and on the date stated above.   |                           |   |                                       |
| 23A. SIGNATURE<br>H. J. Jones   |                           | 23B. ADDRESS<br>4940 Eastern Ave.   |                                       |
| 23C. DATE SIGNED<br>10-5-53   |                           |   |                                       |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)   |                           | 24B. DATE   |                                       |
| BURYAL  |                           | OCT 8   |                                       |
| 24C. NAME OF CEMETERY OR CREMATORY  |                           | 24D. LOCATION (City, town, or county) (State)   |                                       |
| Huntington Park   |                           | Baltimore   |                                       |
| DATE RECEIVED BY LOCAL REGISTRAR<br>OCT 8-1953  |                           | REGISTRAR'S SIGNATURE<br>Huntington Park  |                                       |
| VS 150  |                           | FURNERAL DIRECTOR<br>A. H. Hester   |                                       |
|   |                           | ADDRESS<br>915 D. H. Hester   |                                       |

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3 8941

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8941

IRTH NO.

NAME OF DECEASED (Type or Print) *Jackson*  
*Andrew Rogers*2. DATE OF DEATH *October 7, 1953*PLACE OF DEATH:  
*Baltimore City, Maryland*FULL NAME OF (If not in hospital or institution, give street address or location)  
 *Lutheran Hospital*4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE *Maryland* B. COUNTY *25-05*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Baltimore 26, Md*D. STREET ADDRESS (If rural, give location)  
*2200 Hawkins Point Rd*

Length of stay in Baltimore

*15 yrs*Yrs.  
Mos.  
DaysSEX *Male* 6. COLOR OR RACE *White* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Married*8A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
*Barber*10B. KIND OF BUSINESS OR INDUSTRY  
-----

8. DATE OF BIRTH

*Sept 21, 1883*9. AGE (In years last birthday) *69* If Under 1 Year Months: Days If Under 24 Hours Hours: Min.11. BIRTHPLACE (State or foreign country)  
*Wilmington, N. C.*12. CITIZEN OF WHAT COUNTRY?  
*U. S.*

3. FATHER'S NAME

*Jesse Rogers*

14. MOTHER'S MAIDEN NAME

*Sarah Sneed*5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  
*No*

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Anna Brookshire Rogers 2200*18. *422.1*

## CAUSE OF DEATH

*Hawkins Pt. Md*DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) *Pulmonary Edema*  
DUE TO*20 min*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerotic CVD*  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*Prostatic Hypertrophy*19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *9-7-53*, 19\_\_, to *10-7-53*, 19\_\_, that I last saw the deceased alive on *10-7-53* and that death occurred at *1:30 Pm.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*Harold L. Daly Jr*

M. D.

*Lutheran Hosp**10-7-53*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Burial**Oct. 10, 1953**Cedar Hill Cemetery**Anne Arundel Co., Md.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*OCT 8-1953**Huntington Hillman, Md**George J. Gonce 4001 Ritchie Hwy.**7408 F George J. Gonce*

1508 82

K-400  
53 8942BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8942  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MAUD KELLY

2. DATE  
OF  
DEATH

Oct. 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

803 N. Bentalou St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 17, 1882

9. AGE (In years  
last birthday)

71

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Delaware

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

George M. Todd

14. MOTHER'S MAIDEN NAME

Martha Edgel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. Leonard A. Kelly-803 N. Bentalou St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1 - 1945, to Oct 7, 1953 that I last saw the  
deceased alive on Oct 7, 1953, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Mendel

M. D.

23B. ADDRESS

651 N Bentalou

23C. DATE SIGNED

Oct 7-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

10/9/53

24C. NAME OF CEMETERY OR CREMATORY

John W. Taylor Memorial

24D. LOCATION (City, town, or county)

Temperanceville, Va.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

Oct 8-1953

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

J. M. J.

ADDRESS

Tichenor &amp; Sons

Barto 17, Md.

8008 82

8183 23

Blank ledger page with horizontal ruling lines and two binder holes on the right side.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-235 8943

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8943  
Registered No.

|   |                              |  |  |
|---|------------------------------|--|--|
| BIRTH NO.   |                              |  |  |
| 1. NAME OF DECEASED<br>(Type or Print) <b>James H. Austin</b>   |                              | 2. DATE OF DEATH<br><b>9-20-53</b>   |  |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland   |                              | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <b>437 E 15th St. (Va.)</b><br>C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Richmond, Va.</b><br>D. STREET ADDRESS (If rural, give location) |  |
| b. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Johns Hopkins Hsp.</b>  |                              | c. Length of stay in Baltimore<br>Yrs. _____<br>Mos. _____<br>Days _____   |  |
| 5. SEX<br><b>M</b>  | 6. COLOR OR RACE<br><b>C</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 8. DATE OF BIRTH<br><b>Apr. 15, 1926</b>   |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Labor</b>   |                              | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>construction</b>   | 9. AGE (in years last birthday) <b>27</b><br>If Under 1 Year: Months _____ Days _____<br>If Under 24 Hours: Hours _____ Min. _____ |
| 11. BIRTHPLACE (State or foreign country)<br><b>Va.</b>   |                              | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S.</b>   |  |
| 13. FATHER'S NAME<br><b>Richard Austin</b>  |                              | 14. MOTHER'S MAIDEN NAME<br><b>Lillian B. Baker</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>Yes</b>   |                              | 16. SOCIAL SECURITY NO.<br><b>II</b>   |  |
| 17. INFORMANT<br><b>Ethel Austin</b>  |                              | ADDRESS<br><b>437 E 15th St.</b>   |  |
| 18. <b>E 977 X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Stab Wounds of</b><br>DUE TO<br><b>Chest Involving</b><br>DUE TO<br><b>Heart &amp; lungs with massive</b><br>DUE TO<br><b>Hemorrhage</b>  |                              | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19. ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>II</b><br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                              |  |  |
| 19A. DATE OF OPERATION  |                              | 19B. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                              |  |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   |                              | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Street</b>   |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)<br><b>Central Avenue and Lombard Street</b>  |                              | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY<br><b>Sept. 19, 1953 11:25 P.m.</b>  |  |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |                              | 21F. HOW DID INJURY OCCUR?<br><b>Stabbed with sharp instrument. Found on pavement</b>  |  |
| 22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> . |                              |  |  |
| 23A. SIGNATURE<br><b>William V. Smith</b>   |                              | 23B. CHIEF MEDICAL EXAMINER.....<br>M.D. ASSISTANT MEDICAL EXAMINER.....<br>MEDICAL INVESTIGATOR.....  |  |
| 23C. DATE SIGNED<br><b>9-20-53</b>  |                              |  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 24B. DATE<br><b>10-11-53</b> | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Olive Cemetery</b>  | 24D. LOCATION (City, town, or county) (State)<br><b>Richmond, Va.</b>  |
| 25. FUNERAL DIRECTOR<br><b>C. R. Law</b>  |                              | ADDRESS<br><b>802 Madison Ave.</b>   |  |



C-155  
53 8944

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8944  
Registered No.

BIRTH NO.

|  |                              |  |  |  |   |
|--|------------------------------|--|--|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>RUTH CHAPMAN</b>   |                              |  | 2. DATE OF DEATH<br><b>10/5/53</b>   |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                              |  | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <b>Md.</b> B. COUNTY |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION<br><b>UNIVERSITY HOSP.</b> |                              |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b> <b>18-02</b>          |  |   |
| c. Length of stay in Baltimore<br>Yrs. Mos. Days   |                              |  | D. STREET ADDRESS (If rural, give location)<br><b>1100 W. Saratoga St</b>  |  |   |
| 5. SEX<br><b>F</b>   | 6. COLOR OR RACE<br><b>C</b> | 7. SINGLE, MARRIED, WIDOWED, <del>DIVORCED</del> (Specify) | 8. DATE OF BIRTH<br><b>3/19/13</b>   |  | 9. AGE (In years, last birthday)<br><b>40</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Domestic</b>                             |                              | 10B. KIND OF BUSINESS OR INDUSTRY                          | 11. BIRTHPLACE (State or foreign country)<br><b>Md.</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |
| 13. FATHER'S NAME<br><b>William Chapman</b>  |                              |  | 14. MOTHER'S MAIDEN NAME<br><b>Lucy Cate</b>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)                                   |                              | 16. SOCIAL SECURITY NO.                                    | 17. INFORMANT<br><b>Ruth Chapman</b> ADDRESS   |  |   |

|   |  |  |
|---|--|--|
| 18. <b>446X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Uremia</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>5d.</b> |
| DUE TO (A)  |  |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Nephrosclerosis</b>  |  |  |
| DUE TO (B)  |  |  |
| (C) <b>Benign essential hypertension</b>  |  |  |

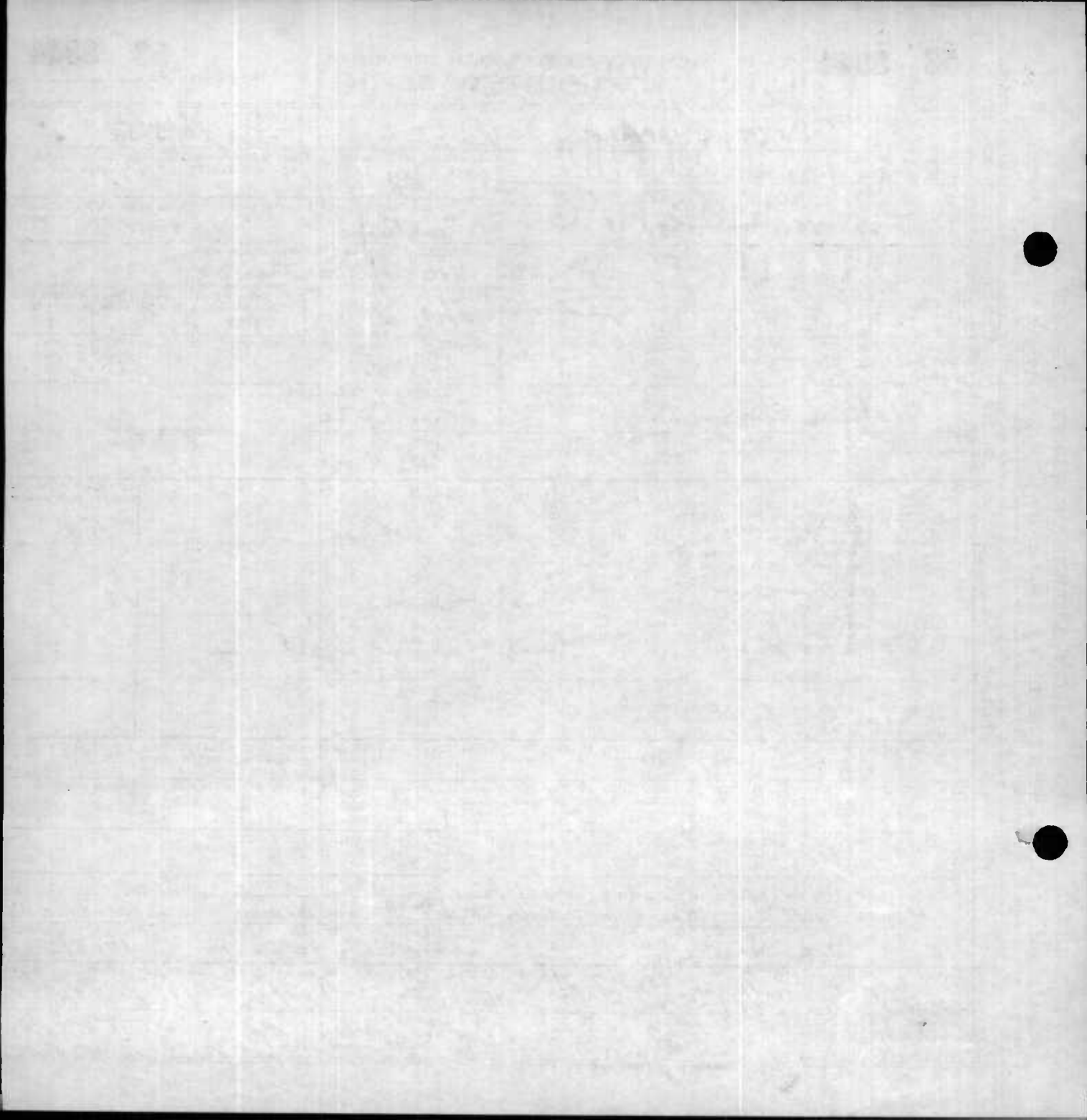
II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

|   |   |  |   |
|---|---|--|---|
| 19A. DATE OF OPERATION<br><b>✓</b>  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY<br>m.   | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |   |

22. I hereby certify that I attended the deceased from **10/1**, 19**53**, to **10/5**, 19**53**, that I last saw the deceased alive on **10/5**, 19**53**, and that death occurred at **30** P.m., from the causes and on the date stated above.

|                                     |   |                                    |
|-------------------------------------|---|------------------------------------|
| 23A. SIGNATURE<br><b>J. H. Weir</b> | 23B. ADDRESS<br><b>University Hosp.</b> | 23C. DATE SIGNED<br><b>10/6/53</b> |
|-------------------------------------|---|------------------------------------|

|  |                               |   |  |
|--|-------------------------------|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24B. DATE<br><b>10/8/1953</b> | 24C. NAME OF CEMETERY OR CREMATORY<br><b>W. H. Calvary Cem.</b> | 24D. LOCATION (City, town, or county) (State)<br><b>Cedar Hill Md.</b> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>10/8-1953</b>       |                               | REGISTRAR'S SIGNATURE<br><b>Huntington Hall</b>                 |  |
| FUNERAL DIRECTOR<br><b>W. J. Williams</b>                  |                               | ADDRESS<br><b>7208A</b>   |  |

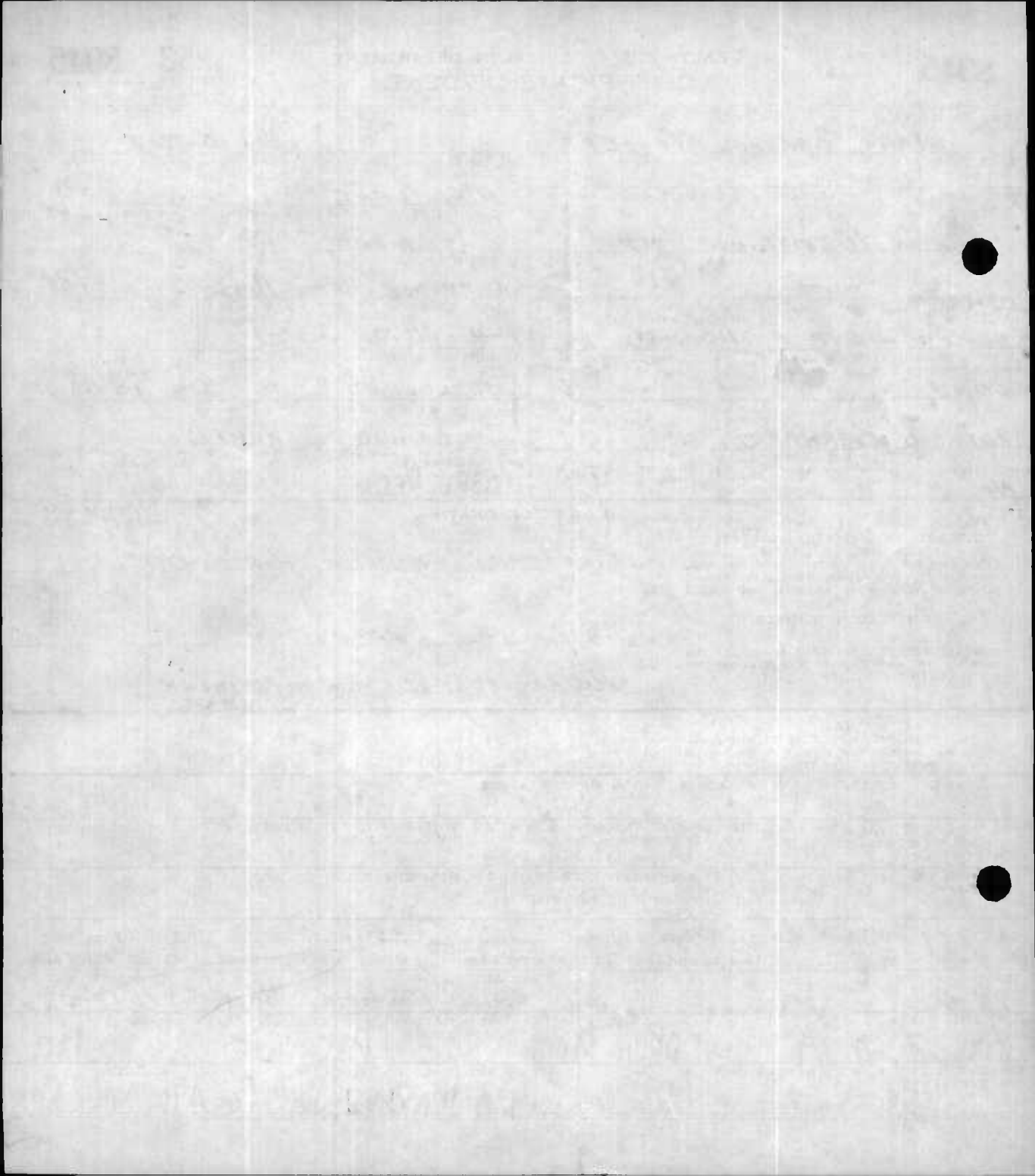


T-620  
8945BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8945

IRTH NO.

|   |                                  |   |  |
|---|----------------------------------|---|--|
| NAME OF DECEASED<br>(Type or Print) <b>MARY BERNARD TOWERS</b>  |                                  | 2. DATE OF DEATH <b>10-7-53</b>   |  |
| PLACE OF DEATH:<br><b>Baltimore City, Maryland</b>  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MARYLAND</b><br>B. COUNTY <b>1812-02</b> |  |
| FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><b>UNION MEMORIAL HOSP.</b>   |                                  | C. CITY OR TOWN (If outside corporate limits, write full name and give township)<br><b>BALTIMORE</b>  |  |
| Length of stay in Baltimore <b>81</b>   |                                  | D. STREET ADDRESS (If rural, give location)<br><b>CAMBRIDGE ARMS APTS. CHARLES 134th</b>  |  |
| SEX<br><b>FEMALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>WIDOWED</b>   | 8. DATE OF BIRTH<br><b>9-4-1872</b>          |
| A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)<br><b>UNKNOWN</b>  |                                  | 10. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (in years last birthday)<br><b>81</b> |
| FATHER'S NAME<br><b>JOSEPH BERNARD</b>  |                                  | 11. BIRTHPLACE (State or foreign country)<br><b>MARYLAND</b>  |  |
| WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><b>NO</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |
| 16. SOCIAL SECURITY NO.   |                                  | 14. MOTHER'S MAIDEN NAME<br><b>JOSEPHINE JARRELL</b>  |  |
| 17. INFORMANT<br><b>HOSP. REC.</b>  |                                  | ADDRESS   |  |
| 18. <b>420.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>(A) PULMONARY EMBOLISM, MASSIVE</b><br>DUE TO<br><b>(B) MYOCARDIAL INFARCTION</b><br>DUE TO<br><b>(C) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</b> |                                  |   | INTERVAL BETWEEN ONSET AND DEATH             |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                                  |   |  |
| 19A. DATE OF OPERATION<br><b>0</b>  |                                  | 19B. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                  |   |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH<br><input type="checkbox"/>   |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| 21C. WHERE DID INJURY OCCUR?<br>(If in Baltimore City, give exact location)   |                                  |   |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                                  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                     |  |
| 21F. HOW DID INJURY OCCUR?  |                                  |   |  |
| 22. I hereby certify that I attended the deceased from <b>10-7 (3:30 PM)</b> 1953 to <b>10-7</b> 1953, that I last saw the deceased alive on <b>10-7</b> 1953, and that death occurred at <b>6:50</b> p.m., from the causes and on the date stated above.   |                                  |   |  |
| 23A. SIGNATURE<br><b>Earle E. Spencer Jr.</b>   |                                  | 23B. ADDRESS<br><b>UNION MEMORIAL HOSP.</b>   |  |
| 23C. DATE SIGNED<br><b>10-7-53</b>  |                                  |   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |                                  | 24B. DATE<br><b>10-19-1953</b>  |  |
| 24C. NAME OF CEMETERY OR CREMATORY<br><b>DRUID RIDGE</b>  |                                  | 24D. LOCATION (City, town, or county) (State)<br><b>PIKESVILLE MD.</b>  |  |
| 25. FUNERAL DIRECTOR<br><b>HUNTINGTON WILLIAMS &amp; SONS CO.</b>   |                                  | ADDRESS<br><b>4905 YORK RD.</b>   |  |





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered **53** **8946**BIRTH NO. **53 8946**

|  |                               |   |   |  |  |
|--|-------------------------------|---|---|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>REITANO, BERNARDINE</b>  |                               |   | 2. DATE OF DEATH<br><b>10.6.1953</b>  |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>Baltimore Md.</b>   |                               |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY <b>Baltimore</b> |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Sinai Hospital</b>   |                               |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>  |  |  |
| c. Length of stay in Baltimore <b>48 yrs.</b>  |                               |   | D. STREET ADDRESS (If rural, give location)<br><b>7018 Holabird Ave Dundalk Md.</b>   |  |  |
| 5. SEX<br><b>F.</b>  | 6. COLOR OR RACE<br><b>W.</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>September 23/95 58</b>   |  | 9. AGE (In years last birthday) <b>58</b><br>If Under 1 Year: Months: Days<br>If Under 24 Hours: Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |                               | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>  |   | 11. BIRTHPLACE (State or foreign country)<br><b>St. Bernardo Italy</b>   |  |
| 13. FATHER'S NAME<br><b>Giuseppe Guzzo</b>   |                               |   | 14. MOTHER'S MAIDEN NAME<br><b>Teresa</b>   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>no</b>   |                               | 16. SOCIAL SECURITY NO.   |   | 17. INFORMANT<br><b>Josephine Kelly</b>                                  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>no</b>   |                               | 16. SOCIAL SECURITY NO.   |   | ADDRESS<br><b>7018 Holabird Ave</b>                                      |  |
| 18. <b>331X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Cerebro-Vascular Accident</b>           |                               |   | INTERVAL BETWEEN ONSET AND DEATH  |  |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Cause unknown.</b>  |                               |   |   |  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                               |   |   |  |  |
| 19A. DATE OF OPERATION<br><b>0</b>   |                               | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  |                               | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |   | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |                               | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>8-7-1953</b> , to <b>10-6-1953</b> , that I last saw the deceased alive on <b>10-6-53</b> , 19 <b>53</b> , and that death occurred at <b>1:50 P m.</b> , from the causes and on the date stated above. |                               |   |   |  |  |
| 23A. SIGNATURE<br><b>Morris M. Goldberg</b>  |                               | 23B. ADDRESS<br><b>Sinai Hospital</b>   |   | 23C. DATE SIGNED<br><b>10.6.53</b>                                       |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                               | 24B. DATE<br><b>Oct. 10 1953</b>  |   | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Holy Redeemer Cemetery</b>      |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>4430 Belair Rd.</b>  |                               | 25. FUNERAL DIRECTOR<br><b>Frank J. Deller</b>  |   |  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 8-1953</b>  |                               | ADDRESS<br><b>322 S. High St.</b>   |   |  |  |

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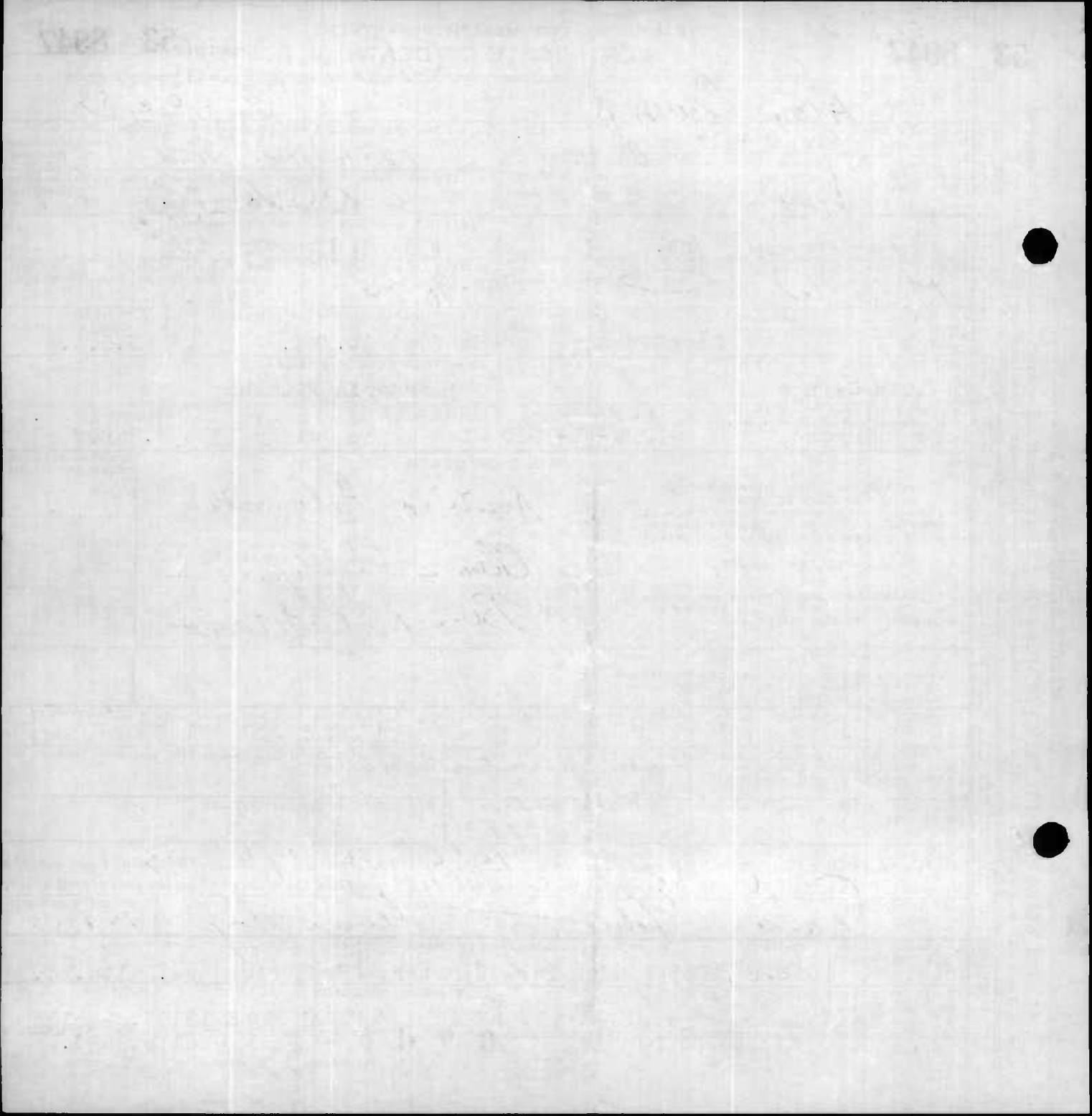
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100-1086 100-1086 100-1086

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8947

|   |                           |  |   |
|---|---------------------------|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Albin Owings</i>  |                           | 2. DATE OF DEATH <i>10/6/53</i>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>Baltimore</i>  |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>1334 Hanover</i> B. COUNTY    |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>SINAI</i>   |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL and give town/ship)<br><i>Baltimore</i>                                  |   |
| c. Length of stay in Baltimore <i>58yrs.</i>  |                           | D. STREET ADDRESS (If rural, give location)<br><i>1334 S. Hanover St.</i>  |   |
| 5. SEX <i>M</i>   | 6. COLOR OR RACE <i>W</i> | 7. SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify) | 8. DATE OF BIRTH <i>Jan. 12 1876</i>          |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Clerk</i>   |                           | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>Race Tracks</i>  | 9. AGE (in years last birthday) <i>83yrs.</i> |
| 13. FATHER'S NAME<br><i>Albin Owings</i>  |                           | 11. BIRTHPLACE (State or foreign country)<br><i>Harford Ct. Md.</i>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>   |                           | 14. MOTHER'S MAIDEN NAME<br><i>Marjorie Plummer</i>  |   |
| 16. SOCIAL SECURITY NO. <i>220-07-7020</i>  |                           | 17. INFORMANT ADDRESS<br><i>Miss Alice Owings 1334 S. Hanovers</i>   |   |
| 18. <i>241X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Acute Cor Pulmonale</i><br>DUE TO<br><i>Chronic Emphysema</i><br>ANTECEDENT CAUSES<br><i>Bronchial ASTHMA</i><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B) _____<br>(C) _____ |                           |  | INTERVAL BETWEEN ONSET AND DEATH              |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                           |  |   |
| 19A. DATE OF OPERATION <i>0</i>   |                           | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   |   |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   |                           | 21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)  |   |
| 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?  |                           | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>  |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                           | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK                             |   |
| 21F. HOW DID INJURY OCCUR?  |                           |  |   |
| 22. I hereby certify that I attended the deceased from <i>10/6</i> , 19 <i>53</i> to <i>10/6</i> , 19 <i>53</i> that I last saw the deceased alive on <i>10/6</i> , 19 <i>53</i> and that death occurred at <i>11:30 pm</i> from the causes and on the date stated above.   |                           |  |   |
| 23A. SIGNATURE <i>David</i>   |                           | 23B. ADDRESS <i>1334 S. Hanover St.</i>  |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |                           | 24B. DATE<br><i>Oct. 10, 1953</i>  |   |
| 24C. NAME OF CEMETERY OR CREMATORY<br><i>Loudon Park Cemetery</i>   |                           | 24D. LOCATION (City, town, or county) (State)<br><i>Frederick Ave. Balto. Md.</i>  |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>OCT 8-1953</i>   |                           | 25. FUNERAL DIRECTOR ADDRESS<br><i>KRAUSE FUNERAL HOME 1216 S. Charles Balto. 30 Md.</i>   |   |



8948

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8948  
Registered No.

RTH NO.

NAME OF DECEASED  
(Type or Print)

Thomas A. Sweeney

2. DATE  
OF  
DEATH

October 6, 1953

PLACE OF DEATH:

Baltimore City, Maryland Baltimore

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
STITUTION

310 E. Randall St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

310 E. Randall St.

Length of stay in Baltimore

Life

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 26, 1884

9. AGE (In years  
last birthday)

69 yrs.

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

Auditor

10B. KIND OF BUSINESS OR  
INDUSTRY

State of Md.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

FATHER'S NAME

Patrick Sweeney

14. MOTHER'S MAIDEN NAME

Ellen Crystal

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

no

none

16. SOCIAL  
SECURITY NO.

229-163669

17. INFORMANT

ADDRESS

Lillian Sweeney 310 E. Randall St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

Coronary Thrombosis

5hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....

Arteriosclerosis

2-3 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

m.

22. I hereby certify that I attended the deceased from July, 1952 to July, 1953 that I last saw the  
deceased alive on 20<sup>th</sup> July 1953, and that death occurred at 7:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

M. R. Quinn M. D.

23B. ADDRESS

1 E. Randall St

23C. DATE SIGNED

10/7/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 9, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Old Frederick Rd. Balto. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Bellis

25. FUNERAL DIRECTOR

ADDRESS

KRAUSE FUNERAL HOME 1216 S. Charles St.

10-11-81



200

3 8949

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8949

|  |  |  |  |
|--|--|--|--|
| NAME OF DECEASED<br>(Type or Print) <i>Sister Elizabeth Tighe</i>  |  | 2. DATE OF DEATH<br><i>10-7-53</i>   |  |
| PLACE OF DEATH:<br>Baltimore City, Maryland <i>6420 Reisterstown Rd., Balto. Md.</i>   |  | A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>STATE <i>Connecticut</i> B. COUNTY <i>Hartford</i>  |  |
| FULL NAME OF HOSPITAL OR INSTITUTION<br><i>The Seton Institute</i>   |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Hartford</i>  |  |
| Length of stay in Baltimore<br><i>33 1/2</i> Yrs. Mos. Days  |  | D. STREET ADDRESS (If rural, give location)<br><i>160 Farmington Ave.</i>  |  |
| SEX<br><i>F</i>  | 6. COLOR OR RACE<br><i>white</i>   | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>single</i>   | 8. DATE OF BIRTH<br><i>7-31-1877</i>   |
| A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)<br><i>Sister of Mercy</i>   |  | 10B. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (In years last birthday)<br><i>76</i>   |
| FATHER'S NAME<br><i>James T. Tighe</i>   |  | 11. BIRTHPLACE (State or foreign country)<br><i>South Boston, Massachusetts</i>  | 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.A.</i>  |
| 13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><i>NO</i>   |  | 16. SOCIAL SECURITY NO.  | 17. INFORMANT ADDRESS<br><i>The Seton Institute, 6420 Reisterstown Rd., Balto. Md.</i> |
| 18. <i>420.1</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br>ANTECEDENT CAUSES<br><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. |  | CAUSE OF DEATH<br>(A) <i>Coronary occlusion</i><br>DUE TO <i>Coronary and general arterio-sclerosis</i><br>(B) <i>Arterial hypertension</i><br>DUE TO <i>Arterial hypertension</i><br>(C) <i>Schizophrenia</i> |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>1 day</i><br><i>12 years</i><br><i>14 years</i><br><i>87 years</i>  |  |
| 19A. DATE OF OPERATION<br><i>Oct. 7, 1953</i>  |  | 19B. MAJOR FINDINGS OF OPERATION   |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH<br><input type="checkbox"/>  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <i>Sept. 1936</i> to <i>Oct. 7, 1953</i> that I last saw the deceased alive on <i>Oct. 7, 1953</i> and that death occurred at <i>7:15 p.m.</i> , from the causes and on the date stated above.  |  |  |  |
| 23A. SIGNATURE<br><i>Nelmer D. Schreiss</i>  |  | 23B. ADDRESS<br><i>4212 Patterson Ave.</i>   |  |
| 23C. DATE SIGNED<br><i>Oct. 7, 53</i>  |  |  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>   | 24B. DATE<br><i>Oct. 10-1953</i>   | 24C. NAME OF CEMETERY OR CREMATORY<br><i>St. Marys Cemetery</i>  | 24D. LOCATION (City, town, or county) (State)<br><i>West Hartford, Conn.</i>           |
| 25. FUNERAL DIRECTOR<br><i>Stewart &amp; Mowen Co., 108 W. North Ave.</i>  |  | 26. ADDRESS<br><i>City #1.</i>   |  |

0180 32

UNITED STATES DEPARTMENT OF HEALTH, EDUCATION AND WELFARE  
OFFICE OF PUBLIC HEALTH AND SAFETY



1-300

8950

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8950

IRTH NO.

|  |                                  |  |   |  |   |
|--|----------------------------------|--|---|--|---|
| NAME OF DECEASED<br>(Type or Print) <b>Howard McCasley Mottu</b>   |                                  |  | 2. DATE OF DEATH<br><b>10/7/53</b>  |  |   |
| PLACE OF DEATH:<br><b>Baltimore City, Maryland 33rd &amp; Calvert Sts.</b>   |                                  |  | 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore City</b> |  |   |
| FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>Union Memorial Hospital</b>  |                                  |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore 27-14</b>  |  |   |
| Length of stay in Baltimore <b>life</b>  |                                  |  | D. STREET ADDRESS (If rural, give location)<br><b>607 Somerset Road</b>   |  |   |
| SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>                                      | 8. DATE OF BIRTH<br><b>Jan 1, 1868</b>  |  | 9. AGE (In years, last birthday)<br><b>85</b> |
| A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)<br><b>architect - Retired</b>   |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Architect</b>  | 11. BIRTHPLACE (State or foreign country)<br><b>Balto. Maryland</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>    |
| FATHER'S NAME<br><b>Therese Mottu</b>  |                                  |  | 14. MOTHER'S MAIDEN NAME<br><b>Mary and George</b>  |  |   |
| 1. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><b>no</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>   | 17. INFORMANT ADDRESS<br><b>Mrs. Elizabeth O. Mottu (wife) 607 Somerset Rd.</b>   |  |   |
| 18. <b>585X and 260X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Peritonitis, RUQ</b><br>DUE TO<br><b>Perforation gangrenous gall-bladder</b><br>DUE TO<br><b>Bilateral lobular pneumonia, pericarditis, coronary Diabete mellitus arteriosclerosis</b> |                                  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |   |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                                  |  |   |  |   |
| 19A. DATE OF OPERATION<br><b>10/7</b>  |                                  | 19B. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>        |   |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              |   | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)                   |   |
| 21D. TIME (Month) (Day) (Year) (Hour) (Minute)<br><b>10/7/53</b>   |                                  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <b>9/26</b> , 19 <b>53</b> , to <b>10/7</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10/7</b> , 19 <b>53</b> , and that death occurred at <b>7:00 p.m.</b> , from the causes and on the date stated above.   |                                  |  |   |  |   |
| 23A. SIGNATURE<br><b>Charles E. Spencer Jr.</b>  |                                  | 23B. ADDRESS<br><b>Union Memorial Hospital</b>   |   | 23C. DATE SIGNED<br><b>10/7/53</b>   |   |
| A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Loudon Park Cemetery</b>                                      |   | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore, Maryland</b>                |   |
| DATE RECEIVED BY<br><b>ACT 8-153</b>   |                                  | REGISTRAR'S SIGNATURE<br><b>Huntington</b>   |   | 25. FUNERAL DIRECTOR ADDRESS<br><b>Stewart &amp; Mowen Co., 108 W. North Ave. City #1.</b> |   |

1954

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 8951**

 BIRTH NO. **53 8951**

 1. NAME OF DECEASED  
(Type or Print)

**Anna C. Lutz**

 2. DATE  
OF  
DEATH

**10/7/1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

**28-04**

B. FULL NAME OF (If not in hospital or institution, give street address or location)

**University Hospital  
Baltimore-1, Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore -29**

c. Length of stay in Baltimore

**40**

D. STREET ADDRESS (If rural, give location)

**409 Rock Glen Rd.**

5. SEX

**FEMALE**

6. COLOR OR RACE

**WHITE**

 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**Feb. 23, 1893**

9. AGE (In years last birthday)

**60**

 10. Under 1 Year  
Months Days Hours Min.

**60**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Registered Nurse**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**New Jersey**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**John Robinson**

14. MOTHER'S MAIDEN NAME

**Anna Spence**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**Yes**
**WWI**

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Dr. John F. Lutz, 409 Rock Glen Rd.**

 18. **154X**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

**Mucoid carcinoma of rectum with generalized metastasis**
**1 year**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

 (B)  
(C)

 II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

**7/24/1953**

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

**Mucoid carcinoma of rectum**

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from **7/21**, 19**53** to **10/7**, 19**53** that I last saw the deceased alive on **10/7**, 19**53**, and that death occurred at **4:50 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**Walter H. Byerly**

M. D.

23B. ADDRESS

**University Hospital, Baltimore, Md.**

23C. DATE SIGNED

**10/7/1953**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**Oct. 12/53**

24C. NAME OF CEMETERY OR CREMATORY

**Arlington National**

24D. LOCATION (City, town, or county)

**Arlington Va.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington 5/1/54, Harry H. Britz**

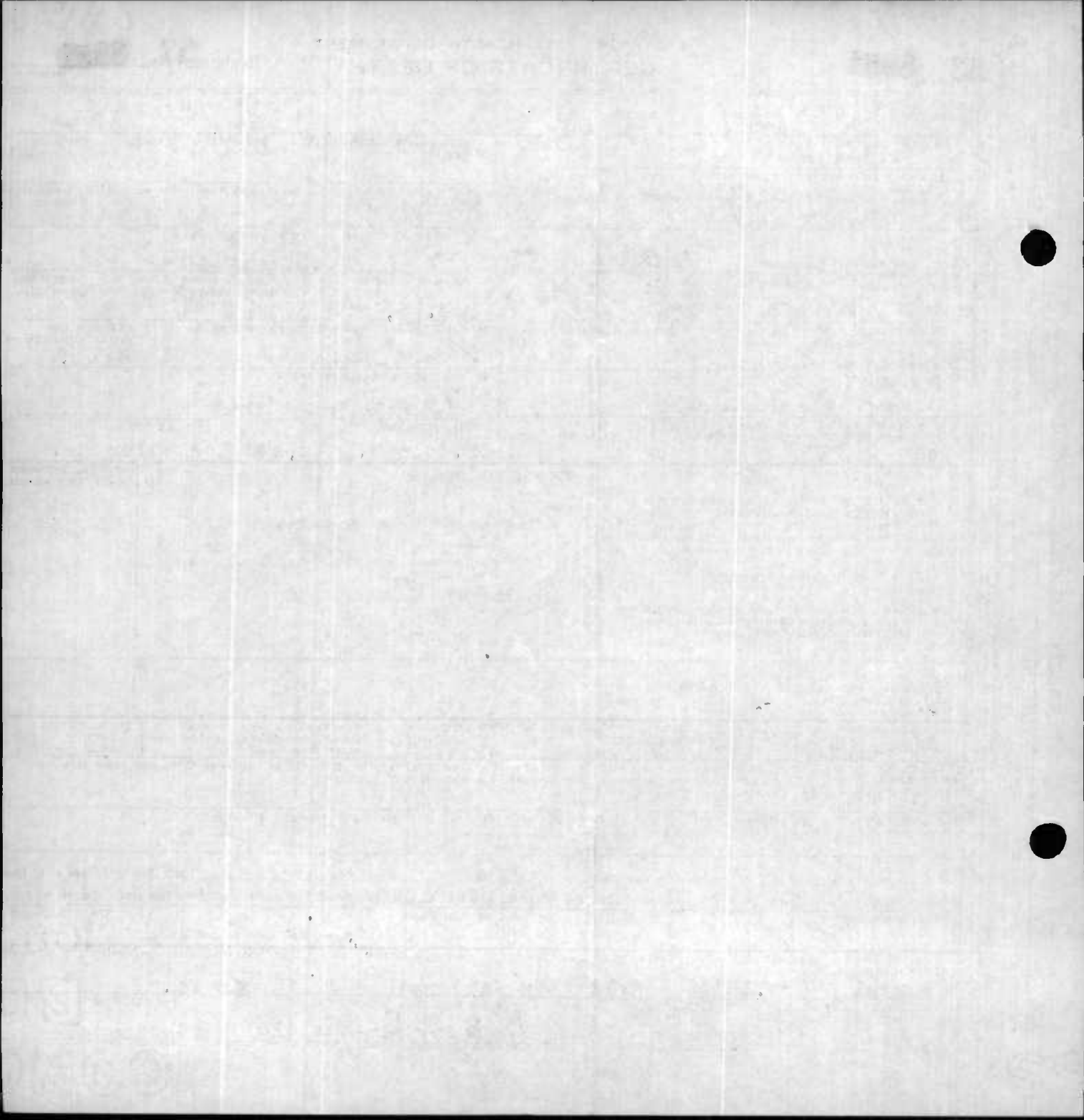
25. FUNERAL DIRECTOR

ADDRESS

**4101 Edmondson Ave.**

VS 150 1353

**05884**





-553

53 8952

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8952

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Mattie M. Beaumont

2. DATE  
OF

DEATH Oct. 7, 1953

PLACE OF DEATH:  
Baltimore City, MarylandFULL NAME OF (If not in hospital or institution, give street address or location)  
OSPITAL OR  
STITUTION

631 Woodington Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

631 Woodington Rd.

Length of stay in Baltimore Life

Yrs.  
Mos.  
Days

SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan. 4, 1873

9. AGE (In years  
last birthday)

80

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR  
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

FATHER'S NAME

William Stier

14. MOTHER'S MAIDEN NAME

Martha

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr Clifton Beaumont, 1927 W. Mulberry St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Similarity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
m. WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Aug. 7, 1953, that I last saw the deceased alive on Aug. 5, 1953, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Oct. 10/53

Mt. Olivet Cemetery

Balto. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

9-1953

Huntington Williams

Harry F. White

4101 Edmondson Ave.

1950

1951

STATEMENT OF DEATH

1952

1953



K-320

53 8953

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8953

IRTH NO.

NAME OF DECEASED  
(Type or Print)

SARAH KATZ

2. DATE  
OF  
DEATH

Oct. 8, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

MT. PLEASANT

Length of stay in Baltimore

40

SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

FATHER'S NAME

ELVE DVORINSKY

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

SEPT. 15, 1880

9. AGE (In years;  
last birthday)

73

If Under 1 Year  
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Rose ?

17. INFORMANT

ARON KATZ

ADDRESS  
2809 NORFOLK AVE.18. 434.1 and 002X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) CHRONIC CONGESTIVE HEART  
FAILUREINTERVAL BETWEEN  
ONSET AND DEATH

2 YEARS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

PULMONARY TUBERCULOSIS

1 YEAR

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21E. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from Oct. 7, 1953 to Oct. 8, 1953 that I last saw the  
deceased alive on Oct. 8, 1953 and that death occurred at 11:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

C. Rudner M.D.

23B. ADDRESS

M. D. Mt. Pleasant Hospital Baltimore

23C. DATE SIGNED

10-8-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-9-53

24C. NAME OF CEMETERY OR CREMATORY

Herring Run

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewis 2100 Sutton Pl

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
OFFICE OF THE REGISTRAR  
ALBANY, N. Y.

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2 412  
53 8954BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8954  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

MORTON PHELPS

2. DATE  
OF  
DEATH

Oct 8-1953

PLACE OF DEATH:

Baltimore City, Maryland FRANKLIN SQUARE HOSP

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
STITUTION

FRANKLIN SQUARE HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTYBaltimore Md. Prince George  
Laurel 6637

D. STREET ADDRESS (If rural, give location)

324 Prince George St.

Length of stay in Baltimore

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Oct 27-1884

9. AGE (In years  
last birthday)

65

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

MILKMAN - RETIRED

10b. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF  
WHAT COUNTRY?

FATHER'S NAME

BARON PHELPS

14. MOTHER'S MAIDEN NAME

?

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 581.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) HEPATIC INSUFFICIENCY

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) CIRROSIS OF THE LIVER

DUE TO

(C) BLEEDING ESOPHAGEAL VARRICES

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.GASTROINTESTINAL HEMORRAGE  
AND OPERATION ON ESOPHAGUS

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/22, 1953, to 10/8, 1953, that I last saw the  
deceased alive on 10/8, 1953, and that death occurred at 4:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

FRANKLIN SQUARE HOSP.

23c. DATE SIGNED

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

10/10/53

24c. NAME OF CEMETERY or CREMATORY

Twy Hill Cemetery

24d. LOCATION (City, town, or county)

Laurel Md

(State)

TE RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Donaldson

OCT 9-1953

VS 150

69050

324822. 324822. 324822.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. **53 8955**

BIRTH NO. **53 8955**

|  |                           |  |   |  |   |
|--|---------------------------|--|---|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Leonard J. Greene</b>  |                           |  | 2. DATE OF DEATH <b>10/8/53.</b>  |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                           |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Md.</b> B. COUNTY <b>Balt.</b> |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTE<br><b>Univ of Md Hosp.</b> |                           |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore, Md 4-01</b>                           |  |   |
| C. Length of stay in Baltimore <b>3</b> Yrs. <b>3</b> Mos. <b>3</b> Days   |                           |  | D. STREET ADDRESS (If rural, give location)<br><b>414 W Fayette St.</b>   |  |   |
| 5. SEX <b>M</b>  | 6. COLOR OR RACE <b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b> | 8. DATE OF BIRTH <b>9/29/83.</b>  |  | 9. AGE (In years last birthday) <b>70</b>                     |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Night Watchman</b>                     |                           |  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Hotel</b>   |  | 11. BIRTHPLACE (State or foreign country)<br><b>Michigan.</b> |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |                           |  | 13. FATHER'S NAME<br><b>UNKNOWN</b>   |  |   |
| 14. MOTHER'S MAIDEN NAME<br><b>UNKNOWN</b>   |                           |  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)                            |  |   |
| 16. SOCIAL SECURITY NO.  |                           |  | 17. INFORMANT ADDRESS<br><b>Virginia Dauako. 1427 W Balto St.</b>   |  |   |

|  |  |                                       |  |                                  |
|--|--|---------------------------------------|--|----------------------------------|
| 18. <b>490X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) |  | CAUSE OF DEATH                        |  | INTERVAL BETWEEN ONSET AND DEATH |
| (A) <b>Acute Pulmonary Edema</b>   |  | DUE TO                                |  | <b>24 hrs</b>                    |
| ANTECEDENT CAUSES  |  | (B) <b>Lobar Pneumonia +</b>          |  |                                  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |  | DUE TO <b>Auricular Fibrillation.</b> |  |                                  |
| (C)  |  |                                       |  |                                  |

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Auricular Fibrillation**

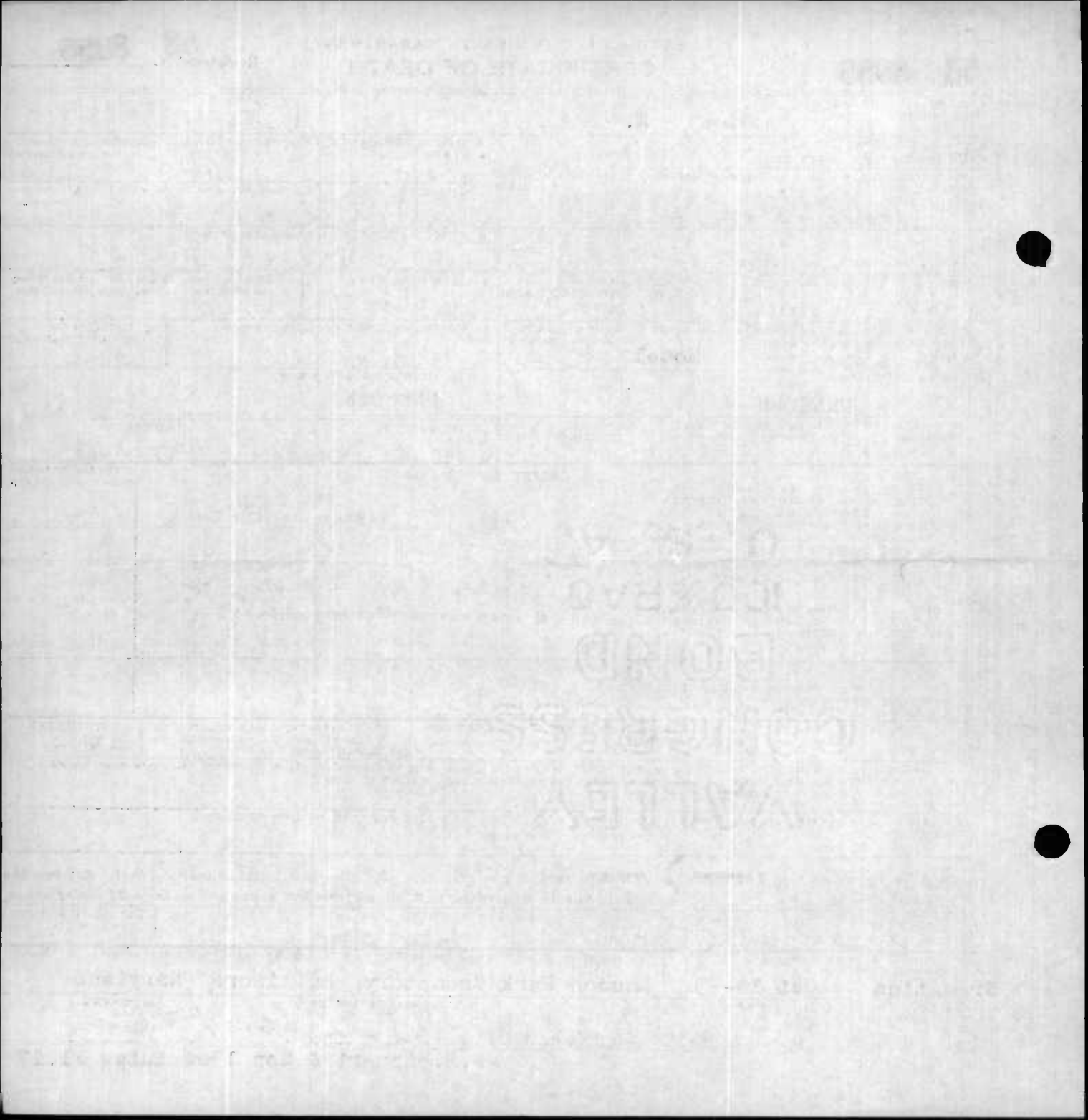
|   |   |  |   |
|---|---|--|---|
| 19A. DATE OF OPERATION <b>✓</b>   | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  | IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK | 21F. HOW DID INJURY OCCUR?   |   |

22. I hereby certify that I attended the deceased from **10/8**, 1953, to **10/8**, 1953, that I last saw the deceased alive on **10/8**, 1953, and that death occurred at **945 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Charles W Brady** M. D. 23B. ADDRESS **Univ Hosp.** 23C. DATE SIGNED **10/8/53**

|   |   |   |  |
|---|---|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Cremation</b> | 24B. DATE<br><b>Oct 10-53</b>                       | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Loudon Park Crematory</b>                | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore Maryland</b> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 9-1953</b>         | REGISTRAR'S SIGNATURE<br><b>Huntington Williams</b> | 25. FUNERAL DIRECTOR'S ADDRESS<br><b>F.B. Wippert &amp; Son 1300 Eutaw Pl. 17</b> |  |

763 8B



620

53 8956

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8956  
Registered No.

IRTH NO.

NAME OF DECEASED  
Type or Print

PLACE OF DEATH:

Baltimore City, Maryland 604 Waltermeyer  
FULL NAME OF (If not in hospital or institution, give street address or  
SPITAL OR location)  
STITUTION2. DATE  
OF  
DEATH

10.7.53

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY before admission)C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)Yrs.  
Mos.  
Days

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year If Under 24 Hours  
Months Days Hours Min.A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

FATHER'S NAME

Joseph Gracey

14. MOTHER'S MAIDEN NAME

Agnes Jones

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Joseph Gracey 604 Waltermeyer Ct.18. 442x I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHCardiovascular Renal  
Disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE. (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT HOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Aug 3, 1953, to Oct. 7, 1953, that I last saw the  
deceased alive on Oct. 4, 1953, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-  
N. REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

TE RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Geo. H. Kelson

000000

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION

2000

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARITAL STATUS

SMOKING HISTORY

ALCOHOL CONSUMPTION

DIETARY HABITS

EXERCISE HABITS

STRESS LEVELS

GENETIC FACTORS

ENVIRONMENTAL FACTORS

PREVIOUS ILLNESSES

RECENT TRAVEL

CONTACT WITH ILL PERSONS

LABORATORY TESTS

RADIOLOGIC TESTS

PATHOLOGIC FINDINGS

TOXICOLOGIC FINDINGS

OTHER FINDINGS

600

53 8957

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8957  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Frank Joseph Zara

2. DATE  
OF  
DEATH

Oct. 6, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
STITUTION

St. Joseph's Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

life

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

A. USUAL OCCUPATION (Give kind of  
during most of working life, even if retired)

Dracery man

10B. KIND OF BUSINESS OR  
INDUSTRY

FATHER'S NAME

Louis Zara

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

Sept. 1904

9. AGE (In years  
last birthday)

49

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary

17. INFORMANT

Hedwig Zara 3904 Ednor Rd

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertensive cardio-vascular

DUE TO

disease

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 6 th, 1953, to Oct. 6 th, 1953, that I last saw the  
deceased alive on Oct. 6, 1953, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Louis A. Fritz

M. D.

23B. ADDRESS

1400 N. Caroline Street - 13

23C. DATE SIGNED

Oct. 6, 1953

A. BURIAL, CREMA-  
N, REMOVAL (Specify)

24B. DATE

Oct 10/53 Holy Proary

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

TE RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Fred W. G. Zazurski

FUNERAL DIRECTOR

ADDRESS

CT 9-1953

VS 150

2906A 1930 E Ednor Rd

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Recorded in

1917

FILE NO. 1-1-1-1-1

DATE OF DEATH

AGE

SEX

CAUSE OF DEATH

PLACE OF DEATH

TIME

DATE OF BIRTH

EDUCATION

RELATIONSHIP

OCCUPATION

PLACE OF BIRTH

EDUCATION

OCCUPATION

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FVJ 175467

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8958**BIRTH NO. **53 8958**

|   |                                  |  |  |   |   |
|---|----------------------------------|--|--|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Raymond Orlowski</b>  |                                  |  | 2. DATE OF DEATH<br><b>10-7-1953</b>   |   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |   |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Baltimore City Hospitals</b><br><b>4940 Eastern Avenue</b>  |                                  |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                               |   |   |
| c. Length of stay in Baltimore<br><b>47 yrs.</b>  |                                  |  | D. STREET ADDRESS (If rural, give location)<br><b>524 South Clinton St. #24</b>  |   |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>                                      | 8. DATE OF BIRTH<br><b>Feb. 1, 1887</b>  | 9. AGE (In years last birthday)<br><b>66</b>                                    | If Under 1 Year Months: Days<br>If Under 24 Hours Hours: Min.     |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                                  | 10B. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)<br><b>Poland</b>                      |   |
| 13. FATHER'S NAME<br><b>?</b>   |                                  |  | 14. MOTHER'S MAIDEN NAME<br><b>Stella</b>  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  |                                  | 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT ADDRESS<br><b>4940 Eastern Ave. B.C.H. (records)</b>              |   |
| 18. <b>330X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Hemorrhage from Cerebral Artery with</b><br>DUE TO <b>Intraventricular and Subarachnoid Hemorrhage</b><br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>II</b><br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                                  |  | INTERVAL BETWEEN ONSET AND DEATH   |   |   |
| 19A. DATE OF OPERATION<br><b>7</b>  |                                  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   |  | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II          |   |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   |                                  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?        |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                                  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |   |
| 22. I hereby certify that I attended the deceased from <b>10-7-</b> 19 <b>53</b> , to <b>10-7-</b> 19 <b>53</b> , that I last saw the deceased alive on <b>10-7-</b> 19 <b>53</b> , and that death occurred at <b>2:30P.m.</b> , from the causes and on the date stated above.  |                                  |  |  |   |   |
| 23A. SIGNATURE<br><i>Frederick V. Ozarewski</i>   |                                  |  | 23B. ADDRESS<br><b>4940 Eastern Avenue --</b>  |   | 23C. DATE SIGNED<br><b>10-7-1953</b>                              |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Buried</b>  |                                  | 24B. DATE<br><b>Oct 10 1953</b>  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Holy Rosary</b>   |   | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore</b> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 9 - 1953</b>   |                                  | REGISTRAR'S SIGNATURE<br><i>Huntington Williams</i>  |  | FUNERAL DIRECTOR ADDRESS<br><b>Fred V. Ozarewski</b><br><b>1930 Eastern Ave</b> |   |

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

13-245 CERTIFICATE CORRECTED 10-14-53

53 8959

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8959

BIRTH NO.

|   |                               |  |   |
|---|-------------------------------|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <u>Frank Buckley</u>   |                               | 2. DATE OF DEATH <u>October 8, 1953</u>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <u>215 N. High St</u>                                   |                               | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <u>MD</u>  |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <u>W</u>  |                               | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><u>Baltimore</u> <u>5-02</u> |   |
| c. Length of stay in Baltimore<br>Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>                               |                               | D. STREET ADDRESS (If rural, give location)<br><u>215 N. High St</u>   |   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>  | 8. DATE OF BIRTH <u>April 15, 1875</u> 78 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> |                               | 11. BIRTHPLACE (State or foreign country) <u>Baltimore MD</u>  |   |
| 10B. KIND OF BUSINESS OR INDUSTRY <u>City of Balto.</u>   |                               | 12. CITIZEN OF WHAT COUNTRY? <u>MD</u>   |   |
| 13. FATHER'S NAME <u>John J. Buckley</u>  |                               | 14. MOTHER'S MAIDEN NAME <u>Elizabeth Edwards</u>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>                               |                               | 17. INFORMANT <u>Charles Walters - 2325 E. Baltimore St</u>  |   |
| 16. SOCIAL SECURITY NO. <u>0</u>  |                               | ADDRESS <u>2325 E. Baltimore St</u>  |   |

|  |  |   |
|--|--|---|
| 18. <u>420.1</u> I<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><u>Coronary Thrombosis</u><br>DUE TO <u>General arteriosclerosis</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 hr</u> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><u>Coronary Arteriosclerosis</u><br>DUE TO <u>Arteriosclerosis</u>   |  |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |   |

|   |   |  |  |
|---|---|--|--|
| 19A. DATE OF OPERATION <u>May 1, 1950</u>   | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <u>CHF</u>   | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II <u>IN</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?         |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |  |

22. I hereby certify that I attended the deceased from May 1, 1950 to Oct 8, 1953 that I last saw the deceased alive on May 1, 1950, and that death occurred at 215 N. High St, from the causes and on the date stated above.

|   |  |   |
|---|--|---|
| 23A. SIGNATURE <u>Frank Buckley</u>                       | 23B. ADDRESS <u>215 N. High St</u>         | 23C. DATE SIGNED <u>Oct 9, 1953</u>   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>   | 24B. DATE <u>10-10-1953</u>                | 24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore Cem North Ave. Balto MD</u> |
| 24D. LOCATION (City, town, or county) <u>Baltimore MD</u> | 25. FUNERAL DIRECTOR <u>John C. Miller</u> | ADDRESS <u>2431 E. Baltimore St</u>   |
| DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 9-1953</u>        |  |   |
| REGISTRAR'S SIGNATURE <u>Huntington Williams, Jr.</u>     |  |   |

8003 25

8003 25



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 8960**

**53 8960**  
BIRTH NO.

|   |                                    |  |   |  |   |
|---|------------------------------------|--|---|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>JOSEPH PHILLIPS</b>   |                                    |  | 2. DATE OF DEATH<br><b>Oct. 5, 1953</b>   |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                    |  | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY |  |   |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Joseph's Hospital</b>   |                                    |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                            |  |   |
| c. Length of stay in Baltimore <b>Life</b>  |                                    |  | O. STREET ADDRESS (If rural, give location)<br><b>915 McDonough St.</b>   |  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>Colored</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b> | 8. DATE OF BIRTH<br><b>Feb. 23, 1929</b>  | 9. AGE (In years last birthday)<br><b>24</b> | 10. Under 1 Year Months: Days 11. Under 24 Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>                           |                                    | 10B. KIND OF BUSINESS OR INDUSTRY                                | 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore, Maryland</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>         |
| 13. FATHER'S NAME<br><b>Norah Phillips</b>  |                                    |  | 14. MOTHER'S MAIDEN NAME<br><b>Agnes Hill</b>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>Yes 3/19/51--2/19/53</b> |                                    | 16. SOCIAL SECURITY NO.  | 17. INFORMANT ADDRESS<br><b>Agnes Phillips 915 McDonough St.</b>  |  |   |

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| 18. <b>795.5</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Cause undetermined</b>   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>79 5.5</b>                           |   |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B) DUE TO<br>(C)   |   |  |   |   |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |   |  |   |   |  |
| 19A. DATE OF OPERATION  |   | 19B. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |   |   |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |   |   |  |
| 22. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> . |   |  |   |   |  |
| 23A. SIGNATURE<br><b>R. F. Fisher</b>   |   | 23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/> |   | 23C. DATE SIGNED<br><b>Oct. 5, 1953</b>   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 24B. DATE<br><b>9 Oct 53</b>  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Baltimore National Cem.</b>   | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore, Maryland</b> |   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 9-1953</b>   | REGISTRAR'S SIGNATURE<br><b>Huntington Williams</b>   | 25. FUNERAL DIRECTOR<br><b>Rayner Sanders</b>  |   | ADDRESS<br><b>217 E. Preston Street Baltimore 2, Maryland</b>                       |  |

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97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11/3/53 -- Dr. Fisher, Chief Medical Examiner  
sent us word by Mr. John Boyle  
"Working on this case since October, 1953  
and nothing can be determined"

ES



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53-8961

5-240  
8961

|   |                                  |   |  |
|---|----------------------------------|---|--|
| NAME OF DECEASED<br>(Type or Print) <b>HERMAN SIEGEL</b>  |                                  | 2. DATE OF DEATH<br><b>OCTOBER 9, 1953</b>  |  |
| PLACE OF DEATH:<br><b>Baltimore City, Maryland</b>  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MARYLAND</b><br>B. COUNTY                                  |  |
| FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><b>Lutheran Hospital of Maryland</b>  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>BALTIMORE</b> <b>15-12</b>   |  |
| Length of stay in Baltimore<br>Yrs. Mos. Days   |                                  | D. STREET ADDRESS (If rural, give location)<br><b>3934 PARK HEIGHTS AVE</b>   |  |
| SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b>   | 8. DATE OF BIRTH<br><b>63</b>                              |
| A. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)<br><b>TEACHER</b>  |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Education.</b>  | 11. BIRTHPLACE (State or foreign country)<br><b>Russia</b> |
| FATHER'S NAME<br><b>Harry</b>   |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Rula</b>   |  |
| 1. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br><b>Larrah Siegel -</b>                    |
| 18. <b>592X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>UREMIA, severe with dehydration and Electrolyte imbalance</b><br>INTERVAL BETWEEN ONSET AND DEATH<br><b>3 Mo.</b><br>time unknown |                                  | 12. CITIZEN OF WHAT COUNTRY?  |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>RENAL Disease - type undetermined Probable Glomerular nephritis, chronic</b><br><b>HYPERTENSIVE HEART DISEASE</b><br>3 years<br>time unknown   |                                  | 13. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><b>SEVERE ANEMIA, Ethol undetermined</b> |  |
| 19A. DATE OF OPERATION<br><b>0</b>  |                                  | 19B. MAJOR FINDINGS OF OPERATION  |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH<br><input type="checkbox"/>   |                                  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                                  | 21D. HOW DID INJURY OCCUR?  |  |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>October 2, 1953</b> to <b>October 9, 1953</b> , that I last saw the deceased alive on <b>Oct. 9, 1953</b> and that death occurred at <b>9:25 a.m.</b> , from the causes and on the date stated above.   |                                  |   |  |
| 23A. SIGNATURE<br><b>William D. Rossow MD</b>   |                                  | 23B. ADDRESS<br><b>Lutheran Hospital of Maryland</b>  |  |
| 23C. DATE SIGNED<br><b>Oct. 9, 1953</b>   |                                  | 23D. LOCATION (City, town, or county) (State)<br><b>Balto Md</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 24B. DATE<br><b>10-9-53</b>   |  |
| 24C. NAME OF CEMETERY OR CREMATORY<br><b>Baltimore Hebrew</b>   |                                  | 24D. LOCATION (City, town, or county) (State)<br><b>Balto Md</b>  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 9-1953</b>   |                                  | REGISTRAR'S SIGNATURE<br><b>Huntington Williams</b>   |  |
| VS 150  |                                  | 15. FUNERAL DIRECTOR<br><b>Black &amp; Lewis</b>  |  |
|   |                                  | ADDRESS<br><b>2100 Canton Pl</b>  |  |

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A-536

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8962

Registered No.

53 8962

|  |                  |   |                                  |
|--|------------------|---|----------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print)   |                  | 2. DATE OF DEATH  |                                  |
| Mr. Charles William Andrae   |                  | Oct. 8, 1953  |                                  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     |                                  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)   |                  | A. STATE<br>Maryland  |                                  |
| 4220 White Avenue  |                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)              |                                  |
| D. STREET ADDRESS (If rural, give location)  |                  | Baltimore 26-01   |                                  |
| c. Length of stay in Baltimore   |                  | 4220 White Avenue   |                                  |
| 5. SEX   | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   | 8. DATE OF BIRTH                 |
| male   | white            | married   | Feb. 16, 1896                    |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |                  | 9. AGE (In years last birthday)   |                                  |
| National Capitol Parks   |                  | 57  |                                  |
| 10B. KIND OF BUSINESS OR INDUSTRY  |                  | 11. BIRTHPLACE (State or foreign country)   |                                  |
|  |                  | Baltimore, Maryland   |                                  |
| 13. FATHER'S NAME  |                  | 12. CITIZEN OF WHAT COUNTRY?  |                                  |
| Louis Frederick Andrae   |                  | U.S.A.  |                                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  |                  | 16. SOCIAL SECURITY NO.   |                                  |
|  |                  |   |                                  |
| 17. INFORMANT  |                  | ADDRESS   |                                  |
| Mrs. Ida E. Andrae   |                  | 4220 White Ave.   |                                  |
| 18. 453.1 CAUSE OF DEATH   |                  |   | INTERVAL BETWEEN ONSET AND DEATH |
| I<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)                         |                  |   |                                  |
| (A) Myocardial infarction  |                  |   |                                  |
| DUE TO   |                  |   |                                  |
| II<br>ANTECEDENT CAUSES  |                  |   |                                  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |                  |   |                                  |
| (B) Coronary occlusion   |                  |   |                                  |
| DUE TO   |                  |   |                                  |
| (C) Bicuspid Disease   |                  |   |                                  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                  |   |                                  |
| 19A. DATE OF OPERATION   |                  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |                                  |
| 10   |                  |   |                                  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  |                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) |                                  |
|  |                  |   |                                  |
| 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?   |                  | 20. AUTOPSY?  |                                  |
|  |                  | YES <input type="checkbox"/> NO <input type="checkbox"/>                                  |                                  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |                  | 21E. INJURY OCCURRED  |                                  |
|  |                  | WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>         |                                  |
| 21F. HOW DID INJURY OCCUR?   |                  |   |                                  |
|  |                  |   |                                  |
| 22. I hereby certify that I attended the deceased from June 18, 1953, to Oct 8, 1953 that I last saw the deceased alive on Oct 6, 1953, and that death occurred at 10:10 p.m., from the causes and on the date stated above. |                  |   |                                  |
| 23A. SIGNATURE   |                  | 23B. ADDRESS  |                                  |
| S. Shorofsky M.D.  |                  | 4734 Park Heights Ave   |                                  |
| M. D.  |                  | 10/8/53   |                                  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)  |                  | 24B. DATE   |                                  |
| Burial   |                  | Oct. 10, 1953   |                                  |
| 24C. NAME OF CEMETERY OR CREMATORY   |                  | 24D. LOCATION (City, town, or county) (State)   |                                  |
| Loudon Park Cemetery   |                  | Baltimore, Maryland   |                                  |
| DATE RECEIVED BY LOCAL REGISTRAR   |                  | 25. FUNERAL DIRECTOR  |                                  |
| OCT 9-1953   |                  | ADDRESS   |                                  |
| Huntington Williams, M.D.  |                  | Leonard J. Ruck, 5305 Harford Road.   |                                  |

Dr. Sborofsky  
601 N. Monroe Street  
11-1 Friday

520  
8963

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8963

Registered No.

RTH NO.

NAME OF DECEASED  
Type or Print)

Louise Alice James

2. DATE  
OF  
DEATH

October 8, 53

PLACE OF DEATH:

Baltimore City, Maryland 4104 Northern Pk.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY

Md

Baltimore

FULL NAME OF (If not in hospital or institution, give street address or location)  
OSPITAL OR  
STITUTION

4104 Northern Pk.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md.

D. STREET ADDRESS (If rural, give location)

503 Sussex Rd.

Length of stay in Baltimore

20

Yrs.  
Mos.  
Days

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec. 27

9. AGE (In years  
last birthday)

82

If Under 1 Year  
Months Days

If Under 24 Hours  
Hours Min.

10. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR  
INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

Chance Md.

12. CITIZEN OF  
WHAT COUNTRY?

FATHER'S NAME

John Shores

14. MOTHER'S MAIDEN NAME

Elizebeth ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT ADDRESS  
Mrs. Melvin Harrison 502 Sussex Rd.

18. 422.2

CAUSE OF DEATH

cardiac failure  
chronic myocytolitis

INTERVAL BETWEEN  
ONSET AND DEATH

3 yrs

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from Oct 6, 1953, to Oct 8, 1953, that I last saw the  
deceased alive on Oct 8, 1953, and that death occurred at 9:30 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

1 W. OVERLEA AVE.

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Oct. 12, 53

Chance Cemetery

Chance Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 9-1953

Huntington Williams

Paul A. Heemann

6067 Harford RD.

1988

1988

WATLEY

GOVERNMENT

SECRET

CONFIDENTIAL

SECRET



53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M-320

8964

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

53

8964

Registered No.

BIRTH NO.

53-00 759

1. NAME OF DECEASED  
(Type or Print)

LEELAND MATTES

2. DATE  
OF  
DEATH

October 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4604 York Road

C. Length of stay in Baltimore

9 Months

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Child

8. DATE OF BIRTH

Jan 11, 1953

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

9

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Leland Wells Mattes

14. MOTHER'S MAIDEN NAME

Janet Myerly

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Janet Mattes 4606 York Rd.

18. 492X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Interstitial pneumonitis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....☒

Oct. 8, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Oct 10, 1953

Holy Redeemer

Balto. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Balto. St. 24

VS 151

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OFFICE OF THE SECRETARY OF THE ARMY

1883

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8965

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8965

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Zipfel, John Joseph JR.

2. DATE  
OF  
DEATH October 7, 1953PLACE OF DEATH:  
Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE Maryland B. COUNTY before admission)FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
St. Joseph'sC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
Baltimore township)

Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

314 S. East Avenue

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

FATHER'S NAME

14. MOTHER'S MAIDEN NAME

JOHN J. ZIPFEL SR.

MARGARET M. REISER

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
VERA A. ZIPFEL SAME.

NO NO

213-01-1578

18. 155X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, assthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Primary carcinoma of liver

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21. TIME (Month) (Day) (Year) (Hour)  
OR INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from September 24, 1953, to October 7, 1953 that I last saw the  
deceased alive on October 7, 1953, and that death occurred at 12:17 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

10-10-53

SACRED HEART CEM.

7401 GERMAN HILL RD. MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 9-1953

H. J. Zipfel

J. H. Zipfel

901 S. CONKLING ST.

BALTO., MD.

DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D.C.

February 1, 1964

Dear Sir:

Reference is made to your letter of January 28, 1964, regarding the proposed acquisition of the assets of the American International Corporation by the American International Corporation.

The proposed acquisition of the assets of the American International Corporation by the American International Corporation is hereby approved.

Very truly yours,

John Edgar Hoover

Director

Enclosure

cc - Bureau of Investigation

cc - Federal Bureau of Investigation

cc - Department of Justice

cc - Department of State

cc - Department of Treasury

cc - Department of Commerce

cc - Department of Education

cc - Department of Health, Education and Welfare

cc - Department of Labor

cc - Department of Social Security

cc - Department of Housing and Urban Development

cc - Department of Transportation

cc - Department of Defense

E 562

8966

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8966

RTH NO.

NAME OF DECEASED  
(Type or Print)PLACE OF DEATH:  
Baltimore City, MarylandFULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
STITUTION

1930 East Thirtieth St.

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

SEX

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

A. USUAL OCCUPATION (Give kind of  
doneduring most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR  
INDUSTRY

At Home

FATHER'S NAME

William H. Emrich

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

NONE

2. DATE  
OF  
DEATH

Oct. 7, 1953

4. USUAL RESIDENCE (Where deceased lived. If institution; residence  
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1930 East Thirtieth Street

8. DATE OF BIRTH

March 8, 1875

9. AGE (In years  
last birthday)

78

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Sophia Schaffer

17. INFORMANT 1930 E. Thirtieth St.  
Miss. Emma M. Emrich

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Pulmonary Edema  
DUE TO

2 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Cardio-Vascular Hypertensive Disease  
DUE TO  
(C) Arteriosclerosis10 years  
10 years

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from March, 1950, to Oct. 7, 1953, that I last saw the  
deceased alive on Oct. 7, 1953, and that death occurred at 9:25 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

October 9, 53

Greenmount Cemetery

Baltimore Maryland

NOTE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 9-1953

Huntington Williams, Jr.

Henry Sander & Sons Inc.  
Baltimore Maryland

George Sander





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 8967C-516  
53 8967  
BIRTH NO.

|  |                                  |   |   |  |   |
|--|----------------------------------|---|---|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <u>Mary B. Chamberlain</u>  |                                  |   | 2. DATE OF DEATH<br><u>Oct. 7, 1953</u>   |  |   |
| 3. PLACE OF DEATH:<br>A. <u>Baltimore City, Maryland</u>   |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore City</u> |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <u>Melchoir Nursing Home</u><br><u>2327 N. Charles St.</u> |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><u>Baltimore City</u>   |  |   |
| D. STREET ADDRESS (If rural, give location)<br><u>2327 North Charles Street</u>  |                                  |   | E. LENGTH OF STAY IN BALTIMORE<br><u>12 Yrs. Mos. Days</u>  |  |   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u> | 8. DATE OF BIRTH<br><u>12 - 27 - 68</u>   | 9. AGE (In years last birthday)<br><u>84</u> | 10. Under 1 Year<br>Months: Days: Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY   |  |   |
| 11. BIRTHPLACE (State or foreign country)<br><u>N. J.</u>  |                                  |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |   |
| 13. FATHER'S NAME<br><u>Frederick Wm. Brauns</u>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><u>Susan Murdock</u>  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)   |                                  |   | 16. SOCIAL SECURITY NO.   |  |   |
| 17. INFORMANT<br><u>Miss Lucy Marshall Chamberlain</u>   |                                  |   | ADDRESS<br><u>808 High St Bath, Me.</u>   |  |   |

|   |  |  |
|---|--|--|
| 18. <u>153X</u><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><u>Carcinoma of the colon</u><br>DUE TO<br>(A) <u>2 years</u><br>(B) <u>2 years</u><br>(C) <u>2 years</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 years</u> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B) <u>2 years</u><br>(C) <u>2 years</u>  |  |  |

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

|   |   |  |  |
|---|---|--|--|
| 19A. DATE OF OPERATION<br><u>0</u>  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)                     | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY                          |
| 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?  |  |  |

22. I hereby certify that I attended the deceased from December, 1940, to October, 1953 that I last saw the deceased alive on October 6 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE Richard H. Tillman M. D. 23B. ADDRESS 3035 St. Paul St. 23C. DATE SIGNED October 7, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)  
Cremation 24B. DATE Oct. 9, 1953 24C. NAME OF CEMETERY OR CREMATORY Greenmount 24D. LOCATION (City, town, or county) (State)  
Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR OCT 9-1953 REGISTRAR'S SIGNATURE Huntington Williams 25. FUNERAL DIRECTOR John O. Mitchell & Sons Inc. ADDRESS 1900 Eutaw Place

1983 22

1983 22



-660

53 8968

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 53 8968

CERTIFICATE OF DEATH

|   |                           |   |                                 |
|---|---------------------------|---|---------------------------------|
| 1. NAME OF DECEASED (Type or Print) <i>Baby Girl Shearer (Manny Judith Shearer)</i>   |                           | 2. DATE OF DEATH <i>10/9/53</i>   |                                 |
| 3. PLACE OF DEATH: <i>Baltimore</i><br>Baltimore City, Maryland   |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Maryland</i> B. COUNTY   |                                 |
| 5. FULL NAME OF (If not in hospital or institution, give street address or location)<br><i>Doctors Hospital</i>   |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i>  |                                 |
| 6. LENGTH OF STAY IN BALTIMORE <i>3</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Days</i>   |                           | D. STREET ADDRESS (If rural, give location)<br><i>215 Spring St.</i>  |                                 |
| 7. SEX <i>F</i>   | 8. COLOR OR RACE <i>W</i> | 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Baby</i>   | 10. DATE OF BIRTH <i>4-5-53</i> |
| 11. USUAL OCCUPATION (Give kind of & done during most of working life, even if retired) <i>none</i>   |                           | 12. AGE (In years last birthday) <i>3</i>   |                                 |
| 13. FATHER'S NAME <i>Arco Shearer</i>   |                           | 14. MOTHER'S MAIDEN NAME <i>Margaret Grimes</i>   |                                 |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>—</i>   |                           | 16. SOCIAL SECURITY NO. <i>none</i>   |                                 |
| 17. ADDRESS <i>Arco Shearer, 315 Spring St.</i>   |                           | 18. CAUSE OF DEATH  |                                 |
| 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) |                           | INTERVAL BETWEEN ONSET AND DEATH  |                                 |
| 20. ANTECEDENT CAUSES   |                           | (A) <i>Sanguinous colon</i>   |                                 |
| 21. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |                           | (B) <i>Intestinal intussusception</i>   |                                 |
| 22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                           | (C) <i>Congenital malformation</i>  |                                 |
| 23. DATE OF OPERATION <i>10-8-53</i>  |                           | 24. MAJOR FINDINGS OF OPERATION <i>Sanguinous colon, irritated intestines</i>   |                                 |
| 25. DATE OF AUTOPSY <i>10-9-53</i>  |                           | 26. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                 |
| 27. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |                           | 28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                                 |
| 29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |                           | 30. TIME (Month) (Day) (Year) (Hour)  |                                 |
| 31. INJURY OCCURRED   |                           | 32. HOW DID INJURY OCCUR?   |                                 |
| 33. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                           | 34. I hereby certify that I attended the deceased from <i>10-5-1953</i> , to <i>10-9-1953</i> , that I last saw the deceased alive on <i>10-9-1953</i> , and that death occurred at <i>4:45</i> a.m., from the causes and on the date stated above. |                                 |
| 35. SIGNATURE <i>Israel Rosen</i>   |                           | 36. ADDRESS <i>24132 Monument St</i>  |                                 |
| 37. DATE <i>10/10/53</i>  |                           | 38. DATE SIGNED <i>10/9/53</i>  |                                 |
| 39. NAME OF CEMETERY OR CREMATORY <i>Stevensville Inn</i>   |                           | 40. LOCATION (City, town, or county) <i>Stevensville Md</i>   |                                 |
| 41. DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 9-1953</i>  |                           | 42. REGISTRAR'S SIGNATURE <i>Thurston Hollister</i>   |                                 |
| 43. FUNERAL DIRECTOR <i>Philip Henry Sons</i>   |                           | 44. ADDRESS <i>Orleans St</i>   |                                 |

2382

RECEIVED

2382



WALLER  
CO. ST. LOUIS  
MO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8969**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**Rice, Hiram A.**2. DATE  
OF  
DEATH**Oct. 6, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

**Maryland****Baltimore**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

**Baltimore****16-01**

D. STREET ADDRESS (If rural, give location)

**803 N. Gilmore Street**

B. FULL NAME OF (If not in hospital or institution, give street address or location)

**University Hospital****around 30 yrs.**

c. Length of stay in Baltimore

5. SEX

**M**

6. COLOR OR RACE

**C**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)**Single**

8. DATE OF BIRTH

**Jan 2 1892**9. AGE (In years  
last birthday)**61**If Under 1 Year  
Months: Days**4**If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**Laborer**10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Virginia**12. CITIZEN OF  
WHAT COUNTRY?**USA**

13. FATHER'S NAME

**Wesley Ball**

14. MOTHER'S MAIDEN NAME

**Alice (last name unknown)**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**Hiram Rice, 803 N. Gilmore St.**18. **575X**

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

**Toxemia due to overwhelming  
E. coli infection secondary to  
ischio-rectal abscess.****10 days**

## ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct 1**, 19**53**, to **Oct 6**, 19**53**, that I last saw the  
deceased alive on **Oct 6**, 19**53**, and that death occurred at **7:00 P m.**, from the causes and on the date stated above.

23A. SIGNATURE

**James L. Reed**

M. D.

23B. ADDRESS

**University Hospital**

23C. DATE SIGNED

**Oct. 7, 1953**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**OCT 9 - 1953****Thurston Williams****Mrs. Kate R. Williams****322 N. Schenck St.**

800

81

RECEIVED BY MAIL

800

81





8-520

8970

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 8970

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Ellen Shink

2. DATE  
OF  
DEATH

Oct 8, 1953.

PLACE OF DEATH:

Baltimore City, Maryland 2319 E. Madison St

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Md.

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
STITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2319 E. Madison Street

Length of stay in Baltimore

50

Yrs.  
-  
Mo.  
-  
Days

SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

July 30, 1864

9. AGE (In years last birthday)

89 yrs.

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

U.S.

FATHER'S NAME

Bernard Mahon

14. MOTHER'S MAIDEN NAME

Bridget Kelly

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Kathleen Ryder (neice) 2319 E. Madison Street

18. 592x  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Chronic Myocarditis

DUE TO

(B)

Chronic Diffuse Nephritis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

10 yrs

20 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21A. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK22. I hereby certify that I attended the deceased from May, 1939 to Oct 8, 1953, that I last saw the deceased alive on Oct 7, 1953, and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Oct 12, 1953.

Holy Redeemer Cemetery

Belair Rd. 9

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 9-1953

Huntington Williams, Jr.

Schimunek Funeral Home Inc.

VS 150

2601-03-05 E. Madison Street.

0700 0000

RECEIVED 17 JUL 1964  
AIR FORCE

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8971

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8971

IRTH NO.

NAME OF DECEASED  
(Type or Print)

AUBREY D. BALDERSON

2. DATE  
OF  
DEATH Oct. 8 1953

PLACE OF DEATH:  
Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md. B. COUNTY

FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)  
3104 Rockwood Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

Length of stay in Baltimore  
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)  
3104 Rockwood Ave.

SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
M W Married

8. DATE OF BIRTH 9. AGE (In years last birthday) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  
Oct. 7, 1880 73 Virginia USA

A. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)  
Retired 10B. KIND OF BUSINESS OR INDUSTRY  
Policeman

14. MOTHER'S MAIDEN NAME  
Willie Balderson

FATHER'S NAME  
William Balderson

1. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  
No 16. SOCIAL SECURITY NO.  
None

17. INFORMANT ADDRESS  
Rev. Roy D. Belderson Above

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) *Chronic arteriosclerosis* DUE TO *heart failure* (B) DUE TO (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH *months?*

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-19, 1953, to 1953, that I last saw the deceased alive on 1074, 1953, and that death occurred at 7:30 pm, from the causes and on the date stated above.

23A. SIGNATURE *Theresa B. Kersh* 23B. ADDRESS *4320 Eutaw Place* 23C. DATE SIGNED *10/8/53*

A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  
Burial 10/12/53 Loudon Park Cem. Baltimore, Md.

25. FUNERAL DIRECTOR ADDRESS  
Huntington 1915 3 0 *Thos. J. Schuler, Sons, Inc. Balt. Md.*



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8972****5-530**  
**8972**  
BIRTH NO.

|  |                                  |   |  |  |   |
|--|----------------------------------|---|--|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>SMITH, VERLETTA MARTIEN</b>  |                                  |   | 2. DATE OF DEATH <b>October 7, 1953</b>  |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  |   | 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION<br><b>2830 Winchester Street</b> |                                  |   | C. CITY OR TOWN (If outside corporate limits write RURAL and give township)<br><b>Baltimore</b>                                |  |   |
| c. Length of stay in Baltimore<br>Yrs. Mos. Days   |                                  |   | D. STREET ADDRESS (If rural, give location)<br><b>2830 Winchester Street</b>   |  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> | 8. DATE OF BIRTH<br><b>April 24, 1868</b>  |  | 9. AGE (In year, last birthday)<br><b>85</b>  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>                                  |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>                  | 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore, Maryland</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
| 13. FATHER'S NAME<br><b>Joseph Martien</b>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Isabella Clark</b>  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b>                            |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>                            | 17. INFORMANT ADDRESS<br><b>Mr. Creston M. Smith-518 Lyndhurst Street</b>  |  |   |

|  |  |   |
|--|--|---|
| 18. <b>331X</b><br>I<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Cerebral Hemorrhage</b><br>DUE TO <b>Atherosclerosis</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>24 hrs</b> |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><b>None</b>  |  |   |

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| 19A. DATE OF OPERATION<br><b>None</b>  |  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |  | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II          |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?        |  |   |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>June</b> , 19 <b>38</b> to <b>October 7, 1953</b> that I last saw the deceased alive on <b>10-6</b> , 19 <b>53</b> , and that death occurred at <b>2:10 A.M.</b> , from the causes and on the date stated above. |  |   |  |   |  |   |  |
| 23A. SIGNATURE<br><b>Leon Oslman</b> M. D.   |  |   |  | 23B. ADDRESS<br><b>1201 Bayview Home St</b>                                     |  | 23C. DATE SIGNED<br><b>10-8-53</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24B. DATE<br><b>Oct. 10, 1953</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Loudon Park Cemetery</b>               |  | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore, Maryland</b>         |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 9-1953</b>  |  | REGISTRAR'S SIGNATURE<br><b>Huntington</b>  |  | F. FUNERAL DIRECTOR<br><b>Wm. J. Pickner &amp; Sons - North &amp; Hanna Ave</b> |  | ADDRESS<br><b>Beth. 17, Md</b>  |  |

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8873

BIRTH NO. 8973

1. NAME OF DECEASED  
(Type or Print)

JOHN HOFFMAN

2. DATE  
OF  
DEATH

10/6/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE CITY

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE md.

B. COUNTY Baltimore

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

21-02

C. Length of stay in Baltimore

4 1/2 yrs.

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

1226 Sargent St.

5. SEX

MALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Dec. 20, 1948

9. AGE (In years,  
last birthday)

4 1/2 yrs.

10 Under 1 Year  
Months: Days

11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Adam Hoffman

14. MOTHER'S MAIDEN NAME

Gertrude STEVENS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

Adam Hoffman, 1226 Sargent St.

ADDRESS

18. 146x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) .....

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) .....

DUE TO

(C) .....

II

OTHER SIGNIFICANT CONITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐

NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from Sept, 1953 to Oct. 6, 1953, that I last saw the  
deceased alive on Oct 6, 1953, and that death occurred at 11:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Lee N. Kastner

M. O.

23B. ADDRESS

50 Sinai Hosp

23C. DATE SIGNED

10/6/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct 10, 1953

24C. NAME OF CEMETERY OR CREMATORY

MEADOW Ridge

24D. LOCATION (City, town, or county)

Washington Blvd. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wendell Dippel

25. FUNERAL DIRECTOR

WENDELL DIPPEL 3125 Highland Ave

ADDRESS

1908

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V-631  
8974BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8974

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Glenn Northrup

2. DATE  
OF  
DEATH

10/8/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
Luthers Hospital

Luthers Hospital, Inc.

Length of stay in Baltimore  
TransientSEX  
m

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. USUAL OCCUPATION (Give kind of  
occupation during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR  
INDUSTRY

Own

FATHER'S NAME

George Northrup

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

U.S. 1917-1918

16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE Ohio

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Lisbon

D. STREET ADDRESS (If rural, give location)

Cantonhill, Box 302

8. DATE OF BIRTH

9/18/1889

9. AGE (In years  
last birthday)

64

11 Under 1 Year  
Months: Days12 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Wabash, Indiana

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Ethel Blair

17. INFORMANT

ADDRESS

Marie Northrup Br 302 Lisbon, O.

18. 420.1  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 10/7, 1953 to 10/8, 1953 that I last saw the  
deceased alive on 10/8, 1953 and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Burial

10/19/53

Lisbon

Lisbon, Ohio

TE RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

N. 251 FUNERAL DIRECTOR

ADDRESS

OCT 9-1953

Huntington, W. Va. 26008  
C. C. Kline, 1217 St. Paul St.

MOB 72

CHUB

5-160  
3 8975

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8975

|   |                        |   |                             |
|---|------------------------|---|-----------------------------|
| NAME OF DECEASED<br>(Type or Print)   |                        | 2. DATE OF DEATH  |                             |
| Sola R. Skipper   |                        | Oct. 8, 1953  |                             |
| PLACE OF DEATH:<br>Baltimore City, Maryland   |                        | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     |                             |
| FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)  |                        | A. STATE Maryland B. COUNTY Baltimore   |                             |
| HOSPITAL OR INSTITUTION 2205 N. Calvert St.   |                        | C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 2205 N. Calvert St. |                             |
| Length of stay in Baltimore 12 years  |                        | Yrs. Mos. Days  |                             |
| SEX F   | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   | 8. DATE OF BIRTH May 3 1902 |
| 9. AGE (In years, last birthday) 51   |                        | 11. BIRTHPLACE (State or foreign country) Balto. Co., Md                                  |                             |
| A. USUAL OCCUPATION (If deceased was kind of done during most of working life, but not in institution)  |                        | 12. CITIZEN OF WHAT COUNTRY? USA  |                             |
| Hawthorne   |                        | 16. SOCIAL SECURITY NO. 219-12-8544   |                             |
| FATHER'S NAME George W. Combs, Sr.  |                        | 17. INFORMANT ADDRESS George Combs 1829 Eutan Place                                       |                             |
| 18. 170x  |                        | CAUSE OF DEATH  |                             |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)                           |                        | (A) Carcinoma of the right breast -   |                             |
| ANTECEDENT CAUSES   |                        | (B) generalized metastasis  |                             |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |                        | (C)   |                             |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                        | INTERVAL BETWEEN ONSET AND DEATH 5 yrs  |                             |
| 19A. DATE OF OPERATION Nov. 19 48   |                        | 19B. MAJOR FINDINGS OF OPERATION Carcinoma of rt. breast                                  |                             |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                        |   |                             |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   |                        | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                             |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                        | 21D. HOW DID INJURY OCCUR?  |                             |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                        | 21F. HOW DID INJURY OCCUR?  |                             |
| 22. I hereby certify that I attended the deceased from 10/5 1953, to 10/8 1953, that I last saw the deceased alive on 10/7 1953, and that death occurred at 11:45 a.m., from the causes and on the date stated above. |                        |   |                             |
| 23A. SIGNATURE Herbert J. Zwick   |                        | 23B. ADDRESS 305 East Drive   |                             |
| 23C. DATE SIGNED 10/8/53  |                        |   |                             |
| 24A. NAME OF CEMETERY OR CREMATORY Black Rock   |                        | 24B. LOCATION (City, town, or county) Balto. Co., Md.                                     |                             |
| 24C. DATE RECEIVED BY LOCAL REGISTRAR 9-10-53   |                        | 24D. REGISTRAR'S SIGNATURE Huntington Williams  |                             |
| 24E. FUNERAL DIRECTOR 7846 M  |                        | 24F. ADDRESS Sparks, Md.  |                             |

ILLINOIS CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

|                               |  |                               |  |                              |  |                               |  |
|-------------------------------|--|-------------------------------|--|------------------------------|--|-------------------------------|--|
| 1. NAME OF DECEASED           |  | 2. SEX                        |  | 3. AGE                       |  | 4. DATE OF DEATH              |  |
| 5. PLACE OF BIRTH             |  | 6. OCCUPATION                 |  | 7. CAUSE OF DEATH            |  | 8. PLACE OF DEATH             |  |
| 9. SIGNATURE OF PHYSICIAN     |  | 10. SIGNATURE OF REGISTRAR    |  | 11. SIGNATURE OF WITNESSES   |  | 12. SIGNATURE OF DECEASED     |  |
| 13. SIGNATURE OF FUNERAL HOME |  | 14. SIGNATURE OF BURIAL PLACE |  | 15. SIGNATURE OF INTERVIEWER |  | 16. SIGNATURE OF INTERVIEWER  |  |
| 17. SIGNATURE OF INTERVIEWER  |  | 18. SIGNATURE OF INTERVIEWER  |  | 19. SIGNATURE OF INTERVIEWER |  | 20. SIGNATURE OF INTERVIEWER  |  |
| 21. SIGNATURE OF INTERVIEWER  |  | 22. SIGNATURE OF INTERVIEWER  |  | 23. SIGNATURE OF INTERVIEWER |  | 24. SIGNATURE OF INTERVIEWER  |  |
| 25. SIGNATURE OF INTERVIEWER  |  | 26. SIGNATURE OF INTERVIEWER  |  | 27. SIGNATURE OF INTERVIEWER |  | 28. SIGNATURE OF INTERVIEWER  |  |
| 29. SIGNATURE OF INTERVIEWER  |  | 30. SIGNATURE OF INTERVIEWER  |  | 31. SIGNATURE OF INTERVIEWER |  | 32. SIGNATURE OF INTERVIEWER  |  |
| 33. SIGNATURE OF INTERVIEWER  |  | 34. SIGNATURE OF INTERVIEWER  |  | 35. SIGNATURE OF INTERVIEWER |  | 36. SIGNATURE OF INTERVIEWER  |  |
| 37. SIGNATURE OF INTERVIEWER  |  | 38. SIGNATURE OF INTERVIEWER  |  | 39. SIGNATURE OF INTERVIEWER |  | 40. SIGNATURE OF INTERVIEWER  |  |
| 41. SIGNATURE OF INTERVIEWER  |  | 42. SIGNATURE OF INTERVIEWER  |  | 43. SIGNATURE OF INTERVIEWER |  | 44. SIGNATURE OF INTERVIEWER  |  |
| 45. SIGNATURE OF INTERVIEWER  |  | 46. SIGNATURE OF INTERVIEWER  |  | 47. SIGNATURE OF INTERVIEWER |  | 48. SIGNATURE OF INTERVIEWER  |  |
| 49. SIGNATURE OF INTERVIEWER  |  | 50. SIGNATURE OF INTERVIEWER  |  | 51. SIGNATURE OF INTERVIEWER |  | 52. SIGNATURE OF INTERVIEWER  |  |
| 53. SIGNATURE OF INTERVIEWER  |  | 54. SIGNATURE OF INTERVIEWER  |  | 55. SIGNATURE OF INTERVIEWER |  | 56. SIGNATURE OF INTERVIEWER  |  |
| 57. SIGNATURE OF INTERVIEWER  |  | 58. SIGNATURE OF INTERVIEWER  |  | 59. SIGNATURE OF INTERVIEWER |  | 60. SIGNATURE OF INTERVIEWER  |  |
| 61. SIGNATURE OF INTERVIEWER  |  | 62. SIGNATURE OF INTERVIEWER  |  | 63. SIGNATURE OF INTERVIEWER |  | 64. SIGNATURE OF INTERVIEWER  |  |
| 65. SIGNATURE OF INTERVIEWER  |  | 66. SIGNATURE OF INTERVIEWER  |  | 67. SIGNATURE OF INTERVIEWER |  | 68. SIGNATURE OF INTERVIEWER  |  |
| 69. SIGNATURE OF INTERVIEWER  |  | 70. SIGNATURE OF INTERVIEWER  |  | 71. SIGNATURE OF INTERVIEWER |  | 72. SIGNATURE OF INTERVIEWER  |  |
| 73. SIGNATURE OF INTERVIEWER  |  | 74. SIGNATURE OF INTERVIEWER  |  | 75. SIGNATURE OF INTERVIEWER |  | 76. SIGNATURE OF INTERVIEWER  |  |
| 77. SIGNATURE OF INTERVIEWER  |  | 78. SIGNATURE OF INTERVIEWER  |  | 79. SIGNATURE OF INTERVIEWER |  | 80. SIGNATURE OF INTERVIEWER  |  |
| 81. SIGNATURE OF INTERVIEWER  |  | 82. SIGNATURE OF INTERVIEWER  |  | 83. SIGNATURE OF INTERVIEWER |  | 84. SIGNATURE OF INTERVIEWER  |  |
| 85. SIGNATURE OF INTERVIEWER  |  | 86. SIGNATURE OF INTERVIEWER  |  | 87. SIGNATURE OF INTERVIEWER |  | 88. SIGNATURE OF INTERVIEWER  |  |
| 89. SIGNATURE OF INTERVIEWER  |  | 90. SIGNATURE OF INTERVIEWER  |  | 91. SIGNATURE OF INTERVIEWER |  | 92. SIGNATURE OF INTERVIEWER  |  |
| 93. SIGNATURE OF INTERVIEWER  |  | 94. SIGNATURE OF INTERVIEWER  |  | 95. SIGNATURE OF INTERVIEWER |  | 96. SIGNATURE OF INTERVIEWER  |  |
| 97. SIGNATURE OF INTERVIEWER  |  | 98. SIGNATURE OF INTERVIEWER  |  | 99. SIGNATURE OF INTERVIEWER |  | 100. SIGNATURE OF INTERVIEWER |  |



0-520

3 8976

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8976

BIRTH NO.

|  |                           |   |  |
|--|---------------------------|---|--|
| NAME OF DECEASED<br>(Type or Print) <b>CATHERINE OWENS</b>   |                           | 2. DATE OF DEATH <b>10-6-53</b>   |  |
| PLACE OF DEATH:<br><b>Baltimore City, Maryland</b>   |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MD.</b><br>B. COUNTY |  |
| FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>750 EDGEWOOD ST.</b>   |                           | C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township)<br><b>BALTIMORE 16-08</b>                   |  |
| Length of stay in Baltimore<br>Yrs.<br>Mos.<br>Days  |                           | D. STREET ADDRESS (If rural, give location)<br><b>750 EDGEWOOD ST.</b>  |  |
| SEX <b>F</b>   | 6. COLOR OR RACE <b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>WIDOW</b>   | 8. DATE OF BIRTH <b>MARCH 18, 1894</b> |
| 9. AGE (In years last birthday) <b>79</b>  |                           | 10. Under 1 Year Months Days  | 11. Under 24 Hours Hours Min.          |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEKEEPER</b>  |                           | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>HOME</b>  |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>PENN.</b>  |                           | 12. CITIZEN OF WHAT COUNTRY?  |  |
| 13. FATHER'S NAME<br><b>DR. WM. GOGGIN</b>   |                           | 14. MOTHER'S MAIDEN NAME<br><b>CATHERINE MURPHY</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  |                           | 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT ADDRESS<br><b>244 Benic Roman - 750 Edgewood St.</b>   |                           |   |  |
| 18. <b>420.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>CAUSE OF DEATH</b><br>(A) <b>Coronary Thrombosis</b><br>DUE TO<br>(B) <b>Chronic Myocarditis</b><br>DUE TO<br>(C) |                           | INTERVAL BETWEEN ONSET AND DEATH<br><b>1/2 hour</b><br><b>10 Years</b>  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                           |   |  |
| 19A. DATE OF OPERATION <b>0</b>  |                           | 19B. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |                           |   |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH  |                           | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                  |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |                           |   |  |
| 22. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                           | 22E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK                 |  |
| 22F. HOW DID INJURY OCCUR?   |                           |   |  |
| 22. I hereby certify that I attended the deceased from <b>Nov 7</b> , 19 <b>43</b> , to <b>Nov 6</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Nov 6</b> , 19 <b>53</b> , and that death occurred at <b>4:30 pm.</b> , from the causes and on the date stated above.   |                           |   |  |
| 23A. SIGNATURE<br><b>L. G. Lally</b>   |                           | 23B. ADDRESS<br><b>3517 Edmondson</b>   |  |
| 23C. DATE SIGNED<br><b>Nov 9 1953</b>  |                           |   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                           | 24B. DATE<br><b>10-10-53</b>  |  |
| 24C. NAME OF CEMETERY OR CREMATORY<br><b>Catholic Cem.</b>   |                           | 24D. LOCATION (City, town, or county) (State)<br><b>Balto. Md.</b>  |  |
| 25. REGISTRAR'S SIGNATURE<br><b>Huntington Williams, M.D.</b>  |                           | 25. FUNERAL DIRECTOR<br><b>George A. Farley - Catonsville, Md.</b>  |  |

3577

W-425  
8977

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8977

IRTH NO.

|  |                              |   |  |
|--|------------------------------|---|--|
| NAME OF DECEASED<br>(Type or Print) <b>Gilbert T. Wilson</b>   |                              | 2. DATE OF DEATH<br><b>OCT. 8 - 1953</b>  |  |
| PLACE OF DEATH:<br>Baltimore City, Maryland <b>Ba/Ti More, Md.</b>   |                              | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>503 N. Stricker St.</b><br>B. COUNTY |  |
| FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>FRANKLIN Square Hospital</b> |                              | C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)<br><b>Ba/Ti More, Md. 19-01</b>                             |  |
| Length of stay in Baltimore <b>LIFE</b>  |                              | D. STREET ADDRESS (If rural, give location)   |  |
| SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>C</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   | 8. DATE OF BIRTH<br><b>Nov-24-1913</b>       |
| A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)   |                              | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Truck Driver</b>  | 9. AGE (In years last birthday)<br><b>39</b> |
| FATHER'S NAME<br><b>Henry Wilson</b>   |                              | 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore, Md.</b>  |  |
| 12. CITIZEN OF WHAT COUNTRY?   |                              | 14. MOTHER'S MAIDEN NAME<br><b>Florence Bordley</b>   |  |
| 13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  |                              | 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT  |                              | ADDRESS   |  |

|   |  |   |
|---|--|---|
| 18. <b>446X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>UREMIA-</b><br>CAUSE TO<br><b>Chronic Nephrosclerosis-</b><br>CAUSE TO<br><b>None.</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Six days</b> |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |   |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19A. DATE OF OPERATION <b>0</b>   |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>OCT. 2</b> , 1953, to <b>OCT. 8</b> , 1953, that I last saw the deceased alive on <b>OCT. 8</b> , 1953, and that death occurred at <b>9:30 a.m.</b> , from the causes and on the date stated above. |  |  |  |   |  |
| 23A. SIGNATURE<br><b>J. del (illegible)</b>   |  | 23B. ADDRESS<br><b>Franklin Sq. Hospital</b>   |  | 23C. DATE SIGNED<br><b>OCT-8-1953</b>   |  |
| A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24B. DATE<br><b>OCT 11.53</b>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Cambridge Md</b>                           |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>10800 Montgomery Street</b>   |  | 25. FUNERAL DIRECTOR<br><b>808 South L Brown Son</b>   |  | ADDRESS   |  |

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8978

BIRTH NO. 8978

1. NAME OF DECEASED  
(Type or Print)

MARGARET

COLLINS

2. DATE  
OF  
DEATH

October 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

607 S. Fremont Avenue

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 26, 1907

9. AGE (In years  
last birthday)

46

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

William H. Collins

14. MOTHER'S MAIDEN NAME

Bessie Riley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Olivia Jones 1646 Milliman St

18.

812.7

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Crushing injuries of abdomen and chest

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

Washington Boulevard &amp; Fremont Avenue

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Oct. 7, 1953 6:00

P.m.

21E. INJURY OCCURRED  
WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Pedestrian struck by bus

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*O. R. Fisher*

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒  
ASSISTANT MEDICAL EXAMINER.....☐  
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Oct. 8, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-12-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

JS

N86902

75464

*Wm. Francis C. Henry*  
*Biddle*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SHERIFF



**MARGIN RESERVED FOR BINDING**

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 8979

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8979

Registered No.

|  |                               |  |  |
|--|-------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print)   |                               | 2. DATE OF DEATH   |  |
| Louis Flemming   |                               | 10-7-53  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                               | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Maryland B. COUNTY |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br>Provident Hospital  |                               | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore                            |  |
| c. Length of stay in Baltimore<br>63   |                               | D. STREET ADDRESS (If rural, give location)<br>313 W. Hoffman St.  |  |
| 5. SEX<br>M  | 6. COLOR OR RACE<br>colored   | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>married   | 8. DATE OF BIRTH<br>6-14-1890          |
| 9. AGE (In years last birthday)<br>63  | 10. UNDER 1 Year Months: Days | 11. UNDER 24 Hours Hours: Min.   | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Boiler    |                               | 10B. KIND OF BUSINESS OR INDUSTRY  |  |
| 13. FATHER'S NAME<br>Joseph Flemming-Va  |                               | 14. MOTHER'S MAIDEN NAME<br>Isabelle Dickerson Md.   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) |                               | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT  |                               | ADDRESS  |  |

|  |   |   |
|--|---|---|
| 18. <b>410X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br>ANTECEDENT CAUSES<br><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | CAUSE OF DEATH<br><b>Congestive Heart Failure</b><br>(A) _____<br>DUE TO _____<br>(B) <b>Mitral Insufficiency and Stenosis</b><br>DUE TO _____<br>(C) _____ | INTERVAL BETWEEN ONSET AND DEATH<br><br><br>_____<br>_____<br>_____               |
| <b>II</b><br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |   |   |
| 19A. DATE OF OPERATION<br>_____  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED<br>_____   | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II<br>_____   |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br>_____  | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?<br>_____ |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY<br>_____   | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK<br>_____   | 21F. HOW DID INJURY OCCUR?<br>_____   |
| 22. I hereby certify that I attended the deceased from <u>10-2</u> , 19 <u>53</u> , to <u>10-7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-7</u> , 19 <u>53</u> , and that death occurred at <u>11:20</u> a.m., from the causes and on the date stated above.   |   |   |
| 23A. SIGNATURE<br><u>John R. Lyons M.D.</u>  | 23B. ADDRESS<br><u>A. Gellens M.D.</u>  | 23C. DATE SIGNED<br>_____   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 24B. DATE<br><u>10-10-53</u>  | 24C. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Calvary</u>                          |
| 24D. LOCATION (City, town, or county) (State)<br><u>Chesapeake Beach, Md.</u>  |   |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br><u>OCT 9-1953</u>  | REGISTRAR'S SIGNATURE<br><u>H. H. H. H.</u>   | 25. FUNERAL DIRECTOR<br><u>W. H. H. H.</u>  |
| ADDRESS<br><u>5800</u>   |   |   |

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F-220  
8980

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8980

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Iris J. Fousek

2. DATE  
OF  
DEATH

10/7/1953

PLACE OF DEATH:

Baltimore City, Maryland Baltimore City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

FULL NAME OF (If not in hospital or institution, give street address or location)

So. Balto. Gen. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

1413 Hanover st.

Length of stay in Baltimore Life

SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

3/6/1921

9. AGE (In years last birthday)

32

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

FATHER'S NAME

George A. Kirchner

14. MOTHER'S MAIDEN NAME

Rose V. Dailey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Rose V. Kirchner 103 W. Ostend St.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO

2 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized arterio  
sclerosis

DUE TO

8 mos.

?

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/16/1953, to 10/7/1953, that I last saw the deceased alive on 10/3/1953, and that death occurred at 3 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1226 Hanover St.

10/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/10/1953

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

25A. RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CT 9-100

Huntington

William

Flynn & Fleming

1426 Light St



Q-545

53 8981

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8981

|   |                              |   |   |  |  |
|---|------------------------------|---|---|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Emily V. Quinlin</i>  |                              |   | 2. DATE OF DEATH <i>10-8-53</i>   |  |  |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland <i>1000 Canton Ave.</i>   |                              |   | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i> |  |  |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>Jenkins Memorial Hosp.</i>  |                              |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>MONKTON</i>  |  |  |
| 6. Length of stay in Baltimore <i>5</i>   |                              |   | D. STREET ADDRESS (If rural, give location)<br><i>5300</i>  |  |  |
| 7. SEX<br><i>F</i>  | 8. COLOR OR RACE<br><i>W</i> | 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>S</i> | 10. DATE OF BIRTH<br><i>12-11-1871</i>  |  |  |
| 11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Teacher - Ret.</i> |                              |   | 12. AGE (In years last birthday) <i>81 yrs.</i>   |  |  |
| 13. FATHER'S NAME<br><i>Charles H. Quinlin</i>  |                              |   | 14. CITIZEN OF WHAT COUNTRY?<br><i>U.S.A.</i>   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)                                  |                              |   | 16. MOTHER'S MAIDEN NAME<br><i>Mary Perdue</i>  |  |  |
| 17. SOCIAL SECURITY NO.   |                              |   | 18. INFORMANT<br><i>Frank Gorsuch, Jr.</i>  |  |  |
| 19. ADDRESS<br><i>Route 2</i>   |                              |   |   |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 18. E 902.7<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Hypostatic Pneumonia.</i> |  |  | CAUSE OF DEATH<br><i>Hypostatic Pneumonia.</i> |  |  |
| DUE TO (A)   |  |  | DUE TO (B)                                     |  |  |
| DUE TO (C)   |  |  | DUE TO (D)                                     |  |  |
| DUE TO (E)   |  |  | DUE TO (F)                                     |  |  |
| DUE TO (G)   |  |  | DUE TO (H)                                     |  |  |
| DUE TO (I)   |  |  | DUE TO (J)                                     |  |  |
| DUE TO (K)   |  |  | DUE TO (L)                                     |  |  |
| DUE TO (M)   |  |  | DUE TO (N)                                     |  |  |
| DUE TO (O)   |  |  | DUE TO (P)                                     |  |  |
| DUE TO (Q)   |  |  | DUE TO (R)                                     |  |  |
| DUE TO (S)   |  |  | DUE TO (T)                                     |  |  |
| DUE TO (U)   |  |  | DUE TO (V)                                     |  |  |
| DUE TO (W)   |  |  | DUE TO (X)                                     |  |  |
| DUE TO (Y)   |  |  | DUE TO (Z)                                     |  |  |
| DUE TO (AA)  |  |  | DUE TO (AB)                                    |  |  |
| DUE TO (AC)  |  |  | DUE TO (AD)                                    |  |  |
| DUE TO (AE)  |  |  | DUE TO (AF)                                    |  |  |
| DUE TO (AG)  |  |  | DUE TO (AH)                                    |  |  |
| DUE TO (AI)  |  |  | DUE TO (AJ)                                    |  |  |
| DUE TO (AK)  |  |  | DUE TO (AL)                                    |  |  |
| DUE TO (AM)  |  |  | DUE TO (AN)                                    |  |  |
| DUE TO (AO)  |  |  | DUE TO (AP)                                    |  |  |
| DUE TO (AQ)  |  |  | DUE TO (AR)                                    |  |  |
| DUE TO (AS)  |  |  | DUE TO (AT)                                    |  |  |
| DUE TO (AU)  |  |  | DUE TO (AV)                                    |  |  |
| DUE TO (AW)  |  |  | DUE TO (AX)                                    |  |  |
| DUE TO (AY)  |  |  | DUE TO (AZ)                                    |  |  |
| DUE TO (BA)  |  |  | DUE TO (BB)                                    |  |  |
| DUE TO (BC)  |  |  | DUE TO (BD)                                    |  |  |
| DUE TO (BE)  |  |  | DUE TO (BF)                                    |  |  |
| DUE TO (BG)  |  |  | DUE TO (BH)                                    |  |  |
| DUE TO (BI)  |  |  | DUE TO (BJ)                                    |  |  |
| DUE TO (BK)  |  |  | DUE TO (BL)                                    |  |  |
| DUE TO (BM)  |  |  | DUE TO (BN)                                    |  |  |
| DUE TO (BO)  |  |  | DUE TO (BP)                                    |  |  |
| DUE TO (BQ)  |  |  | DUE TO (BR)                                    |  |  |
| DUE TO (BS)  |  |  | DUE TO (BT)                                    |  |  |
| DUE TO (BU)  |  |  | DUE TO (BV)                                    |  |  |
| DUE TO (BW)  |  |  | DUE TO (BX)                                    |  |  |
| DUE TO (BY)  |  |  | DUE TO (BZ)                                    |  |  |
| DUE TO (CA)  |  |  | DUE TO (CB)                                    |  |  |
| DUE TO (CC)  |  |  | DUE TO (CD)                                    |  |  |
| DUE TO (CE)  |  |  | DUE TO (CF)                                    |  |  |
| DUE TO (CG)  |  |  | DUE TO (CH)                                    |  |  |
| DUE TO (CI)  |  |  | DUE TO (CJ)                                    |  |  |
| DUE TO (CK)  |  |  | DUE TO (CL)                                    |  |  |
| DUE TO (CM)  |  |  | DUE TO (CN)                                    |  |  |
| DUE TO (CO)  |  |  | DUE TO (CP)                                    |  |  |
| DUE TO (CQ)  |  |  | DUE TO (CR)                                    |  |  |
| DUE TO (CS)  |  |  | DUE TO (CT)                                    |  |  |
| DUE TO (CU)  |  |  | DUE TO (CV)                                    |  |  |
| DUE TO (CW)  |  |  | DUE TO (CX)                                    |  |  |
| DUE TO (CY)  |  |  | DUE TO (CZ)                                    |  |  |
| DUE TO (DA)  |  |  | DUE TO (DB)                                    |  |  |
| DUE TO (DC)  |  |  | DUE TO (DD)                                    |  |  |
| DUE TO (DE)  |  |  | DUE TO (DF)                                    |  |  |
| DUE TO (DG)  |  |  | DUE TO (DH)                                    |  |  |
| DUE TO (DI)  |  |  | DUE TO (DJ)                                    |  |  |
| DUE TO (DK)  |  |  | DUE TO (DL)                                    |  |  |
| DUE TO (DM)  |  |  | DUE TO (DN)                                    |  |  |
| DUE TO (DO)  |  |  | DUE TO (DP)                                    |  |  |
| DUE TO (DQ)  |  |  | DUE TO (DR)                                    |  |  |
| DUE TO (DS)  |  |  | DUE TO (DT)                                    |  |  |
| DUE TO (DU)  |  |  | DUE TO (DV)                                    |  |  |
| DUE TO (DW)  |  |  | DUE TO (DX)                                    |  |  |
| DUE TO (DY)  |  |  | DUE TO (DZ)                                    |  |  |
| DUE TO (EA)  |  |  | DUE TO (EB)                                    |  |  |
| DUE TO (EC)  |  |  | DUE TO (ED)                                    |  |  |
| DUE TO (EE)  |  |  | DUE TO (EF)                                    |  |  |
| DUE TO (EG)  |  |  | DUE TO (EH)                                    |  |  |
| DUE TO (EI)  |  |  | DUE TO (EJ)                                    |  |  |
| DUE TO (EK)  |  |  | DUE TO (EL)                                    |  |  |
| DUE TO (EM)  |  |  | DUE TO (EN)                                    |  |  |
| DUE TO (EO)  |  |  | DUE TO (EP)                                    |  |  |
| DUE TO (EQ)  |  |  | DUE TO (ER)                                    |  |  |
| DUE TO (ES)  |  |  | DUE TO (ET)                                    |  |  |
| DUE TO (EU)  |  |  | DUE TO (EV)                                    |  |  |
| DUE TO (EW)  |  |  | DUE TO (EX)                                    |  |  |
| DUE TO (EY)  |  |  | DUE TO (EZ)                                    |  |  |
| DUE TO (FA)  |  |  | DUE TO (FB)                                    |  |  |
| DUE TO (FC)  |  |  | DUE TO (FD)                                    |  |  |
| DUE TO (FE)  |  |  | DUE TO (FF)                                    |  |  |
| DUE TO (FG)  |  |  | DUE TO (FH)                                    |  |  |
| DUE TO (FI)  |  |  | DUE TO (FJ)                                    |  |  |
| DUE TO (FK)  |  |  | DUE TO (FL)                                    |  |  |
| DUE TO (FM)  |  |  | DUE TO (FN)                                    |  |  |
| DUE TO (FO)  |  |  | DUE TO (FP)                                    |  |  |
| DUE TO (FQ)  |  |  | DUE TO (FR)                                    |  |  |
| DUE TO (FS)  |  |  | DUE TO (FT)                                    |  |  |
| DUE TO (FU)  |  |  | DUE TO (FV)                                    |  |  |
| DUE TO (FW)  |  |  | DUE TO (FX)                                    |  |  |
| DUE TO (FY)  |  |  | DUE TO (FZ)                                    |  |  |
| DUE TO (GA)  |  |  | DUE TO (GB)                                    |  |  |
| DUE TO (GC)  |  |  | DUE TO (GD)                                    |  |  |
| DUE TO (GE)  |  |  | DUE TO (GF)                                    |  |  |
| DUE TO (GG)  |  |  | DUE TO (GH)                                    |  |  |
| DUE TO (GI)  |  |  | DUE TO (GJ)                                    |  |  |
| DUE TO (GK)  |  |  | DUE TO (GL)                                    |  |  |
| DUE TO (GM)  |  |  | DUE TO (GN)                                    |  |  |
| DUE TO (GO)  |  |  | DUE TO (GP)                                    |  |  |
| DUE TO (GQ)  |  |  | DUE TO (GR)                                    |  |  |
| DUE TO (GS)  |  |  | DUE TO (GT)                                    |  |  |
| DUE TO (GU)  |  |  | DUE TO (GV)                                    |  |  |
| DUE TO (GW)  |  |  | DUE TO (GX)                                    |  |  |
| DUE TO (GY)  |  |  | DUE TO (GZ)                                    |  |  |
| DUE TO (HA)  |  |  | DUE TO (HB)                                    |  |  |
| DUE TO (HC)  |  |  | DUE TO (HD)                                    |  |  |
| DUE TO (HE)  |  |  | DUE TO (HF)                                    |  |  |
| DUE TO (HG)  |  |  | DUE TO (HH)                                    |  |  |
| DUE TO (HI)  |  |  | DUE TO (HJ)                                    |  |  |
| DUE TO (HK)  |  |  | DUE TO (HL)                                    |  |  |
| DUE TO (HM)  |  |  | DUE TO (HN)                                    |  |  |
| DUE TO (HO)  |  |  | DUE TO (HP)                                    |  |  |
| DUE TO (HQ)  |  |  | DUE TO (HR)                                    |  |  |
| DUE TO (HS)  |  |  | DUE TO (HT)                                    |  |  |
| DUE TO (HU)  |  |  | DUE TO (HV)                                    |  |  |
| DUE TO (HW)  |  |  | DUE TO (HX)                                    |  |  |
| DUE TO (HY)  |  |  | DUE TO (HZ)                                    |  |  |
| DUE TO (IA)  |  |  | DUE TO (IB)                                    |  |  |
| DUE TO (IC)  |  |  | DUE TO (ID)                                    |  |  |
| DUE TO (IE)  |  |  | DUE TO (IF)                                    |  |  |
| DUE TO (IG)  |  |  | DUE TO (IH)                                    |  |  |
| DUE TO (II)  |  |  | DUE TO (IJ)                                    |  |  |
| DUE TO (IK)  |  |  | DUE TO (IL)                                    |  |  |
| DUE TO (IM)  |  |  | DUE TO (IN)                                    |  |  |
| DUE TO (IO)  |  |  | DUE TO (IP)                                    |  |  |
| DUE TO (IQ)  |  |  | DUE TO (IR)                                    |  |  |
| DUE TO (IS)  |  |  | DUE TO (IT)                                    |  |  |
| DUE TO (IU)  |  |  | DUE TO (IV)                                    |  |  |
| DUE TO (IW)  |  |  | DUE TO (IX)                                    |  |  |
| DUE TO (IY)  |  |  | DUE TO (IZ)                                    |  |  |
| DUE TO (JA)  |  |  | DUE TO (JB)                                    |  |  |
| DUE TO (JC)  |  |  | DUE TO (JD)                                    |  |  |
| DUE TO (JE)  |  |  | DUE TO (JF)                                    |  |  |
| DUE TO (JG)  |  |  | DUE TO (JH)                                    |  |  |
| DUE TO (JI)  |  |  | DUE TO (JJ)                                    |  |  |
| DUE TO (JK)  |  |  | DUE TO (JL)                                    |  |  |
| DUE TO (JM)  |  |  | DUE TO (JN)                                    |  |  |
| DUE TO (JO)  |  |  | DUE TO (JP)                                    |  |  |
| DUE TO (JQ)  |  |  | DUE TO (JR)                                    |  |  |
| DUE TO (JS)  |  |  | DUE TO (JT)                                    |  |  |
| DUE TO (JU)  |  |  | DUE TO (JV)                                    |  |  |
| DUE TO (JW)  |  |  | DUE TO (JX)                                    |  |  |
| DUE TO (JY)  |  |  | DUE TO (JZ)                                    |  |  |
| DUE TO (KA)  |  |  | DUE TO (KB)                                    |  |  |
| DUE TO (KC)  |  |  | DUE TO (KD)                                    |  |  |
| DUE TO (KE)  |  |  | DUE TO (KF)                                    |  |  |
| DUE TO (KG)  |  |  | DUE TO (KH)                                    |  |  |
| DUE TO (KI)  |  |  | DUE TO (KJ)                                    |  |  |
| DUE TO (KK)  |  |  | DUE TO (KL)                                    |  |  |
| DUE TO (KM)  |  |  | DUE TO (KN)                                    |  |  |
| DUE TO (KO)  |  |  | DUE TO (KP)                                    |  |  |
| DUE TO (KQ)  |  |  | DUE TO (KR)                                    |  |  |
| DUE TO (KS)  |  |  | DUE TO (KT)                                    |  |  |
| DUE TO (KU)  |  |  | DUE TO (KV)                                    |  |  |
| DUE TO (KW)  |  |  | DUE TO (KX)                                    |  |  |
| DUE TO (KY)  |  |  | DUE TO (KZ)                                    |  |  |
| DUE TO (LA)  |  |  | DUE TO (LB)                                    |  |  |
| DUE TO (LC)  |  |  | DUE TO (LD)                                    |  |  |
| DUE TO (LE)  |  |  | DUE TO (LF)                                    |  |  |
| DUE TO (LG)  |  |  | DUE TO (LH)                                    |  |  |
| DUE TO (LI)  |  |  | DUE TO (LJ)                                    |  |  |
| DUE TO (LK)  |  |  | DUE TO (LL)                                    |  |  |
| DUE TO (LM)  |  |  | DUE TO (LN)                                    |  |  |
| DUE TO (LO)  |  |  | DUE TO (LP)                                    |  |  |
| DUE TO (LQ)  |  |  | DUE TO (LR)                                    |  |  |
| DUE TO (LS)  |  |  | DUE TO (LT)                                    |  |  |
| DUE TO (LU)  |  |  | DUE TO (LV)                                    |  |  |
| DUE TO (LW)  |  |  | DUE TO (LX)                                    |  |  |
| DUE TO (LY)  |  |  | DUE TO (LZ)                                    |  |  |
| DUE TO (MA)  |  |  | DUE TO (MB)                                    |  |  |
| DUE TO (MC)  |  |  | DUE TO (MD)                                    |  |  |
| DUE TO (ME)  |  |  | DUE TO (MF)                                    |  |  |
| DUE TO (MG)  |  |  | DUE TO (MH)                                    |  |  |
| DUE TO (MI)  |  |  | DUE TO (MJ)                                    |  |  |
| DUE TO (MK)  |  |  | DUE TO (ML)                                    |  |  |
| DUE TO (MM)  |  |  | DUE TO (MN)                                    |  |  |
| DUE TO (MO)  |  |  | DUE TO (MP)                                    |  |  |
| DUE TO (MQ)  |  |  | DUE TO (MR)                                    |  |  |
| DUE TO (MS)  |  |  | DUE TO (MT)                                    |  |  |
| DUE TO (MU)  |  |  | DUE TO (MV)                                    |  |  |
| DUE TO (MW)  |  |  | DUE TO (MX)                                    |  |  |
| DUE TO (MY)  |  |  | DUE TO (MZ)                                    |  |  |
| DUE TO (NA)  |  |  | DUE TO (NB)                                    |  |  |
| DUE TO (NC)  |  |  | DUE TO (ND)                                    |  |  |
| DUE TO (NE)  |  |  | DUE TO (NF)                                    |  |  |
| DUE TO (NG)  |  |  | DUE TO (NH)                                    |  |  |
| DUE TO (NI)  |  |  | DUE TO (NJ)                                    |  |  |
| DUE TO (NK)  |  |  | DUE TO (NL)                                    |  |  |
| DUE TO (NM)  |  |  | DUE TO (NN)                                    |  |  |
| DUE TO (NO)  |  |  | DUE TO (NP)                                    |  |  |
| DUE TO (NQ)  |  |  | DUE TO (NR)                                    |  |  |
| DUE TO (NS)  |  |  | DUE TO (NT)                                    |  |  |
| DUE TO (NU)  |  |  | DUE TO (NV)                                    |  |  |
| DUE TO (NW)  |  |  | DUE TO (NX)                                    |  |  |
| DUE TO (NY)  |  |  | DUE TO (NZ)                                    |  |  |
| DUE TO (OA)  |  |  | DUE TO (OB)                                    |  |  |
| DUE TO (OC)  |  |  | DUE TO (OD)                                    |  |  |
| DUE TO (OE)  |  |  | DUE TO (OF)                                    |  |  |
| DUE TO (OG)  |  |  | DUE TO (OH)                                    |  |  |
| DUE TO (OI)  |  |  | DUE TO (OJ)                                    |  |  |
| DUE TO (OK)  |  |  | DUE TO (OL)                                    |  |  |
| DUE TO (OM)  |  |  | DUE TO (ON)                                    |  |  |
| DUE TO (OO)  |  |  | DUE TO (OP)                                    |  |  |
| DUE TO (OQ)  |  |  | DUE TO (OR)                                    |  |  |
| DUE TO (OS)  |  |  | DUE TO (OT)                                    |  |  |
| DUE TO (OU)  |  |  | DUE TO (OV)                                    |  |  |
| DUE TO (OW)  |  |  | DUE TO (OX)                                    |  |  |
| DUE TO (OY)  |  |  | DUE TO (OZ)                                    |  |  |
| DUE TO (PA)  |  |  | DUE TO (PB)                                    |  |  |
| DUE TO (PC)  |  |  | DUE TO (PD)                                    |  |  |
| DUE TO (PE)  |  |  | DUE TO (PF)                                    |  |  |
| DUE TO (PG)  |  |  | DUE TO (PH)                                    |  |  |
| DUE TO (PI)  |  |  | DUE TO (PJ)                                    |  |  |
| DUE TO (PK)  |  |  | DUE TO (PL)                                    |  |  |
| DUE TO (PM)  |  |  | DUE TO (PN)                                    |  |  |
| DUE TO (PO)  |  |  | DUE TO (PP)                                    |  |  |
| DUE TO (PQ)  |  |  | DUE TO (PR)                                    |  |  |
| DUE TO (PS)  |  |  | DUE TO (PT)                                    |  |  |
| DUE TO (PU)  |  |  | DUE TO (PV)                                    |  |  |
| DUE TO (PW)  |  |  | DUE TO (PX)                                    |  |  |
| DUE TO (PY)  |  |  | DUE TO (PZ)                                    |  |  |
| DUE TO (QA)  |  |  | DUE TO (QB)                                    |  |  |
| DUE TO (QC)  |  |  | DUE TO (QD)                                    |  |  |
| DUE TO (QE)  |  |  | DUE TO (QF)                                    |  |  |
| DUE TO (QG)  |  |  | DUE TO (QH)                                    |  |  |
| DUE TO (QI)  |  |  | DUE TO (QJ)                                    |  |  |
| DUE TO (QK)  |  |  | DUE TO (QL)                                    |  |  |
| DUE TO (QM)  |  |  | DUE TO (QN)                                    |  |  |
| DUE TO (QO)  |  |  | DUE TO (QP)                                    |  |  |
| DUE TO (QQ)  |  |  | DUE TO (QR)                                    |  |  |
| DUE TO (QS)  |  |  | DUE TO (QT)                                    |  |  |
| DUE TO (QU)  |  |  | DUE TO (QV)                                    |  |  |
| DUE TO (QW)  |  |  | DUE TO (QX)                                    |  |  |
| DUE TO (QY)  |  |  | DUE TO (QZ)                                    |  |  |
| DUE TO (RA)  |  |  | DUE TO (RB)                                    |  |  |
| DUE TO (RC)  |  |  | DUE TO (RD)                                    |  |  |
| DUE TO (RE)  |  |  | DUE TO (RF)                                    |  |  |
| DUE TO (RG)  |  |  | DUE TO (RH)                                    |  |  |
| DUE TO (RI)  |  |  | DUE TO (RJ)                                    |  |  |
| DUE TO (RK)  |  |  | DUE TO (RL)                                    |  |  |
| DUE TO (RM)  |  |  | DUE TO (RN)                                    |  |  |
| DUE TO (RO)  |  |  | DUE TO (RP)                                    |  |  |
| DUE TO (RQ)  |  |  | DUE TO (RR)                                    |  |  |
| DUE TO (RS)  |  |  | DUE TO (RT)                                    |  |  |
| DUE TO (RU)  |  |  | DUE TO (RV)                                    |  |  |
| DUE TO (RW)  |  |  | DUE TO (RX)                                    |  |  |
| DUE TO (RY)  |  |  | DUE TO (RZ)                                    |  |  |
| DUE TO (SA)  |  |  | DUE TO (SB)                                    |  |  |
| DUE TO (SC)  |  |  | DUE TO (SD)                                    |  |  |
| DUE TO (SE)  |  |  | DUE TO (SF)                                    |  |  |
| DUE TO (SG)  |  |  | DUE TO (SH)                                    |  |  |
| DUE TO (SI)  |  |  | DUE TO (SJ)                                    |  |  |
| DUE TO (SK)  |  |  | DUE TO (SL)                                    |  |  |
| DUE TO (SM)  |  |  | DUE TO (SN)                                    |  |  |
| DUE TO (SO)  |  |  | DUE TO (SP)                                    |  |  |
| DUE TO (SQ)  |  |  | DUE TO (SR)                                    |  |  |
| DUE TO (SS)  |  |  | DUE TO (ST)                                    |  |  |
| DUE TO (SU)  |  |  | DUE TO (SV)                                    |  |  |
| DUE TO (SW)  |  |  | DUE TO (SX)                                    |  |  |
| DUE TO (SY)  |  |  | DUE TO (SZ)                                    |  |  |
| DUE TO (TA)  |  |  | DUE TO (TB)                                    |  |  |
| DUE TO (TC)  |  |  | DUE TO (TD)                                    |  |  |
| DUE TO (TE)  |  |  | DUE TO (TF)                                    |  |  |
| DUE TO (TG)  |  |  | DUE TO (TH)                                    |  |  |
| DUE TO (TI)  |  |  | DUE TO (TJ)                                    |  |  |
| DUE TO (TK)  |  |  | DUE TO (TL)                                    |  |  |
| DUE TO (TM)  |  |  | DUE TO (TN)                                    |  |  |
| DUE TO (TO)  |  |  | DUE TO (TP)                                    |  |  |
| DUE TO (TQ)  |  |  | DUE TO (TR)                                    |  |  |
| DUE TO (TS)  |  |  | DUE TO (TT)                                    |  |  |
| DUE TO (TU)  |  |  | DUE TO (TV)                                    |  |  |
| DUE TO (TW)  |  |  | DUE TO (TX)                                    |  |  |
| DUE TO (TY)  |  |  | DUE TO (TZ)                                    |  |  |
| DUE TO (UA)  |  |  | DUE TO (UB)                                    |  |  |
| DUE TO (UC)  |  |  | DUE TO (UD)                                    |  |  |
| DUE TO (UE)  |  |  | DUE TO (UF)                                    |  |  |
| DUE TO (UG)  |  |  | DUE TO (UH)                                    |  |  |
| DUE TO (UI)  |  |  | DUE TO (UJ)                                    |  |  |
| DUE TO (UK)  |  |  | DUE TO (UL)                                    |  |  |
| DUE TO (UM)  |  |  | DUE TO (UN)                                    |  |  |
| DUE TO (UO)  |  |  | DUE TO (UP)                                    |  |  |
| DUE TO (UQ)  |  |  | DUE TO (UR)                                    |  |  |
| DUE TO (US)  |  |  | DUE TO (UT)                                    |  |  |
| DUE TO (UU)  |  |  | DUE TO (UV)                                    |  |  |
| DUE TO (UW)  |  |  | DUE TO (UX)                                    |  |  |
| DUE TO (UY)  |  |  | DUE TO (UZ)                                    |  |  |
| DUE TO (VA)  |  |  | DUE TO (VB)                                    |  |  |
| DUE TO (VC)  |  |  | DUE TO (VD)                                    |  |  |
| DUE TO (VE)  |  |  | DUE TO (VF)                                    |  |  |
| DUE TO (VG)  |  |  | DUE TO (VH)                                    |  |  |
| DUE TO (VI)  |  |  | DUE TO (VJ)                                    |  |  |
| DUE TO (VK)  |  |  | DUE TO (VL)                                    |  |  |
| DUE TO (VM)  |  |  | DUE TO (VN)                                    |  |  |
| DUE TO (VO)  |  |  | DUE TO (VP)                                    |  |  |
| DUE TO (VQ)  |  |  | DUE TO (VR)                                    |  |  |
| DUE TO (VS)  |  |  | DUE TO (VT)                                    |  |  |
| DUE TO (VU)  |  |  | DUE TO (VV)                                    |  |  |
| DUE TO (VW)  |  |  | DUE TO (VX)                                    |  |  |
| DUE TO (VY)  |  |  | DUE TO (VZ)                                    |  |  |
| DUE TO (WA)  |  |  | DUE TO (WB)                                    |  |  |
| DUE TO (WC)  |  |  | DUE TO (WD)                                    |  |  |
| DUE TO (WE)  |  |  | DUE TO (WF)                                    |  |  |
| DUE TO (WG)  |  |  | DUE TO (WH)                                    |  |  |
| DUE TO (WI)  |  |  | DUE TO (WJ)                                    |  |  |
| DUE TO (WK)  |  |  | DUE TO (WL)                                    |  |  |
| DUE TO (WM)  |  |  | DUE TO (WN)                                    |  |  |
| DUE TO (WO)  |  |  | DUE TO (WP)                                    |  |  |
| DUE TO (WQ)  |  |  | DUE TO (WR)                                    |  |  |
| DUE TO (WS)  |  |  | DUE TO (WT)                                    |  |  |
| DUE TO (WU)  |  |  | DUE TO (WV)                                    |  |  |
| DUE TO (WW)  |  |  | DUE TO (WX)                                    |  |  |
| DUE TO (WY)  |  |  | DUE TO (WZ)                                    |  |  |
| DUE TO (XA)  |  |  | DUE TO (XB)                                    |  |  |
| DUE TO (XC)  |  |  | DUE TO (XD)                                    |  |  |
| DUE TO (XE)  |  |  | DUE TO (XF)                                    |  |  |
| DUE TO (XG)  |  |  | DUE TO (XH)                                    |  |  |
| DUE TO (XI)  |  |  | DUE TO (XJ)                                    |  |  |
| DUE TO (XK)  |  |  | DUE TO (XL)                                    |  |  |
| DUE TO (XM)  |  |  | DUE TO (XN)                                    |  |  |
| DUE TO (XO)  |  |  | DUE TO (XP)                                    |  |  |
| DUE TO (XQ)  |  |  | DUE TO (XR)                                    |  |  |
| DUE TO (XS)  |  |  | DUE TO (XT)                                    |  |  |
|  |  |  |  |  |  |

1881

1881

STATE OF NEW YORK

CERTIFICATE OF DEATH

1881





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 8982**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**OSCAR H. GELBACH**

2. DATE  
OF  
DEATH

**Oct. 8, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Madison Apartments-817 St. Paul St.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**817 St. Paul St.**

c. Length of stay in Baltimore

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**Oct. 9-1896**

9. AGE (in years last birthday)

**56**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**H & P Tea Co.**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Benson Illinois**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**Jacob Gelbach**

14. MOTHER'S MAIDEN NAME

**Mary Fette**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

**Mrs. Lenore V. Gelbach-ST Paul**

ADDRESS

**817**

18. **E975X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Asphyxia**

DUE TO **Submersion and barbiturate intoxication**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

**home**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

**817 St. Paul St.**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

**Oct. 8, 1953**

**7:40 P. m.**

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? **Found submerged in bathtub of water-ingested overdose barbiturate**

22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from **Autopsy, Inspection or Inquiry** the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

**R. F. Fisher**

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

**Oct. 9, 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Cremation Oct 10-1953**

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

**Greenmount Cem. Baltimore - Md**

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams**

25. FUNERAL DIRECTOR

**Edward J. Luck 5305 Harford**

ADDRESS

V S 151

**N-990x**

**6906A**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8802 25

CENTRAL BANK OF THE UNITED STATES

8802 25



② W-160

53 8983

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8983

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Minnie B. WEAVER</b>  |                                   | 2. DATE OF DEATH<br><b>10-8-1953</b>   |  |
| 3. PLACE OF DEATH:<br>Baltimore City, Maryland  |                                   | 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>A. STATE <b>Jenkins Memorial Hospital</b><br>B. COUNTY <b>Baltimore</b> |  |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><b>Jenkins Memorial Hospital Baltimore 29</b>   |                                   | 6. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township)<br><b>Baltimore 29</b>  |  |
| 7. Length of stay in Baltimore<br><b>47</b> Yrs. Mos. Days  |                                   | 8. STREET ADDRESS (If rural, give location)<br><b>1925 Mc Henry St</b>   |  |
| 9. SEX<br><b>Female</b>   | 10. COLOR OR RACE<br><b>WHITE</b> | 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>WIDOWED</b>   | 12. DATE OF BIRTH<br><b>July 15, 1872</b>      |
| 13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |                                   | 14. KIND OF BUSINESS OR INDUSTRY   | 15. AGE (In years; last birthday)<br><b>81</b> |
| 16. FATHER'S NAME<br><b>Dennies SHIELDS</b>   |                                   | 17. MOTHER'S MAIDEN NAME<br><b>unknown</b>   |  |
| 18. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)<br><b>NO</b>   |                                   | 19. SOCIAL SECURITY NO.  |  |
| 20. INFORMANT<br><b>Mr. George WEAVER - 1925 Mc Henry St. Baltimore 16, Md.</b>   |                                   | 21. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A</b>   |  |
| 22. CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Congestive heart failure</b><br>DUE TO<br>ANTECEDENT CAUSES<br><b>Senile Cachexia</b><br>DUE TO<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Senile dementia</b><br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><b>Rheumatoid arthritis</b> |                                   |  |  |
| 23. DATE OF OPERATION<br><b>10-7-53</b>   |                                   | 24. MAJOR FINDINGS OF OPERATION  |  |
| 25. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                   | 26. DATE OF OPERATION  |  |
| 27. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |                                   | 28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |                                   | 30. TIME (Month) (Day) (Year) (Hour) INJURY  |  |
| 31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                   | 32. HOW DID INJURY OCCUR?  |  |
| 33. I hereby certify that I attended the deceased from <b>9-17-</b> 1953, to <b>10-7-</b> 1953, that I last saw the deceased alive on <b>10-7-</b> 1953, and that death occurred at <b>1035pm</b> , from the causes and on the date stated above.   |                                   |  |  |
| 34. SIGNATURE<br><b>Bermann</b>   |                                   | 35. ADDRESS<br><b>57 Johns Hopkins Baltimore #29, Md.</b>  |  |
| 36. DATE SIGNED<br><b>10-8-53</b>   |                                   | 37. NAME OF CEMETERY OR CREMATORY<br><b>New Catholic, Baltimore, Md.</b>   |  |
| 38. LOCATION (City, town, or county) (State)<br><b>Baltimore, Md.</b>   |                                   | 39. DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 10 1953</b>   |  |
| 40. REGISTRAR'S SIGNATURE<br><b>Huntington Williams</b>   |                                   | 41. FUNERAL DIRECTOR<br><b>Harry A. H. 4101 Edmondson</b>  |  |
| 42. ADDRESS   |                                   | 43. ADDRESS  |  |

8888

STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

8888

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53 8984

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8984

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Lauenstein, Charles Henry

2. DATE  
OF  
DEATH October 9, 1953PLACE OF DEATH:  
Baltimore City, MarylandFULL NAME OF (If not in hospital or institution, give street address or location)  
OSPITAL OR  
STITUTION

St. Joseph's Hospital

Length of stay in Baltimore

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

1519 Eastern Avenue

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 10, 1888

9. AGE (in years  
last birthday)

65

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

Merchant

10B. KIND OF BUSINESS OR  
INDUSTRY

General Mer. Store

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

FATHER'S NAME

Carl H. Lauenstein

14. MOTHER'S MAIDEN NAME

Catherine Meiner

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)  
no16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Mrs. C. H. Lauenstein, 1519 Eastern Ave.

18. 572.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Perforated diverticulum of colon

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

October 2, 1953

19B. MAJOR FINDINGS OF OPERATION

Ruptured diverticulum of colon

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from October 2, 1953 to October 9, 1953 that I last saw the  
deceased alive on Oct. 9, 1953 and that death occurred at 11:12 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline Street

Oct. 9, 1953

24A. BURIAL, CREMATION,  
OR REMOVAL (Specify)

Burial

24B. DATE

Oct. 13, 1953

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 10 1953

Huntington 5111 9th St. P. O. Box 7401 Belair Rd.

2906A

8984

CERTIFICATE OF DEATH

MR. J. J. JAMESON

MR. J. J. JAMESON, JR.

STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES  
CITY OF LOS ANGELES

DEATH OF

MR. J. J. JAMESON, JR.

DECEASED

AT THE AGE OF

YEARS

ON

AT

IN



H 155

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8985

BIRTH NO. 53 8985

|   |                              |   |   |  |   |
|---|------------------------------|---|---|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>GEORGE E. HOFFMAN</b>   |                              |   | 2. DATE OF DEATH <b>10/7/53</b>   |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>yes</b>  |                              |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MD</b><br>B. COUNTY <b>Baltimore</b> |  |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Shaw Hospital</b>   |                              |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore Maryland</b>                                 |  |   |
| C. Length of stay in Baltimore <b>life</b>  |                              |   | D. STREET ADDRESS (If rural, give location)<br><b>4113 Woodlea Avenue</b>   |  |   |
| 5. SEX<br><b>m</b>  | 6. COLOR OR RACE<br><b>w</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>   | 8. DATE OF BIRTH<br><b>Nov. 8<sup>th</sup> 1887</b>   |  | 9. AGE (In years, last birthday)<br><b>65</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>mat. clerk.</b>   |                              | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>A. &amp; P. Tea Co</b>  | 11. BIRTHPLACE (State or foreign country)<br><b>life. Bal to City Md</b>  |  | 12. CITIZEN OF WHICH COUNTRY?<br><b>U.S.</b>  |
| 13. FATHER'S NAME<br><b>George E. Hoffman</b>   |                              |   | 14. MOTHER'S M.A.DEN NAME<br><b>Jeruse Granel</b>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMY FORCES? (Yes, no or unknown)<br><b>no.</b>  |                              | 16. SOCIAL SECURITY NO.<br><b>213-10-7194</b>   | 17. INFORMANT ADDRESS<br><b>Mrs George E. Hoffman same</b>  |  |   |
| 18. <b>022X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>(A) Aneurysm of Aorta</b><br>DUE TO<br><b>(B)</b><br>DUE TO<br><b>(C)</b> |                              |   | INTERVAL BETWEEN ONSET AND DEATH  |  |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                              |   |   |  |   |
| 19A. DATE OF OPERATION  |                              | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  |   | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II   |   |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   |                              | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |   | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                              | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <b>10/7/53</b> , 19__, to __, 19__, that I last saw the deceased alive on <b>8:30 PM 10/7/53</b> , and that death occurred at <b>9:30 PM</b> m., from the causes and on the date stated above.   |                              |   |   |  |   |
| 23A. SIGNATURE<br><b>William Norman</b>   |                              | 23B. ADDRESS<br><b>Shaw Hospital</b>  |   | 23C. DATE SIGNED   |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>  |                              | 24B. DATE<br><b>Oct. 10, 1953</b>   |   | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Oak Lawn Cemetery</b>           |   |
| 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore, Md.</b>  |                              | 25. FUNERAL DIRECTOR ADDRESS<br><b>Huntington Avenue, Lashley Funeral Home 7401 Belair Rd.</b>            |   |  |   |

VS 150

OCT 10 1953

6906A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1900

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M-610

8986

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8986

IRTH NO.

NAME OF DECEASED  
(Name or Print)

JOHN J. MURPHY

2. DATE  
OF  
DEATH

OCT-9-1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF  
HOSPITAL OR  
INSTITUTION

240 N. PAYSON ST

Yrs.  
Mos.  
Days

Length of stay in Baltimore

SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

8. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

MACHINIST

10B. KIND OF BUSINESS OR  
INDUSTRY

B+O. R.R.

FATHER'S NAME

MICHAEL MURPHY

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give War or dates of service)

NO

16. SOCIAL  
SECURITY NO.

70-5-10-2270

17. INFORMANT

MRS. CLAIRE JACOBS

ADDRESS

240 N. PAYSON

18.

422.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Myocarditis

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

3 wks

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

?

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1953 to 1079, 1953, that I last saw the  
deceased alive on 10/8, 1953, and that death occurred at 3:45 PM, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

10-12-53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

4300 Old Frederick Rd - Towson Md

(State)

TE RECEIVED BY

REGISTRAR'S SIGNATURE

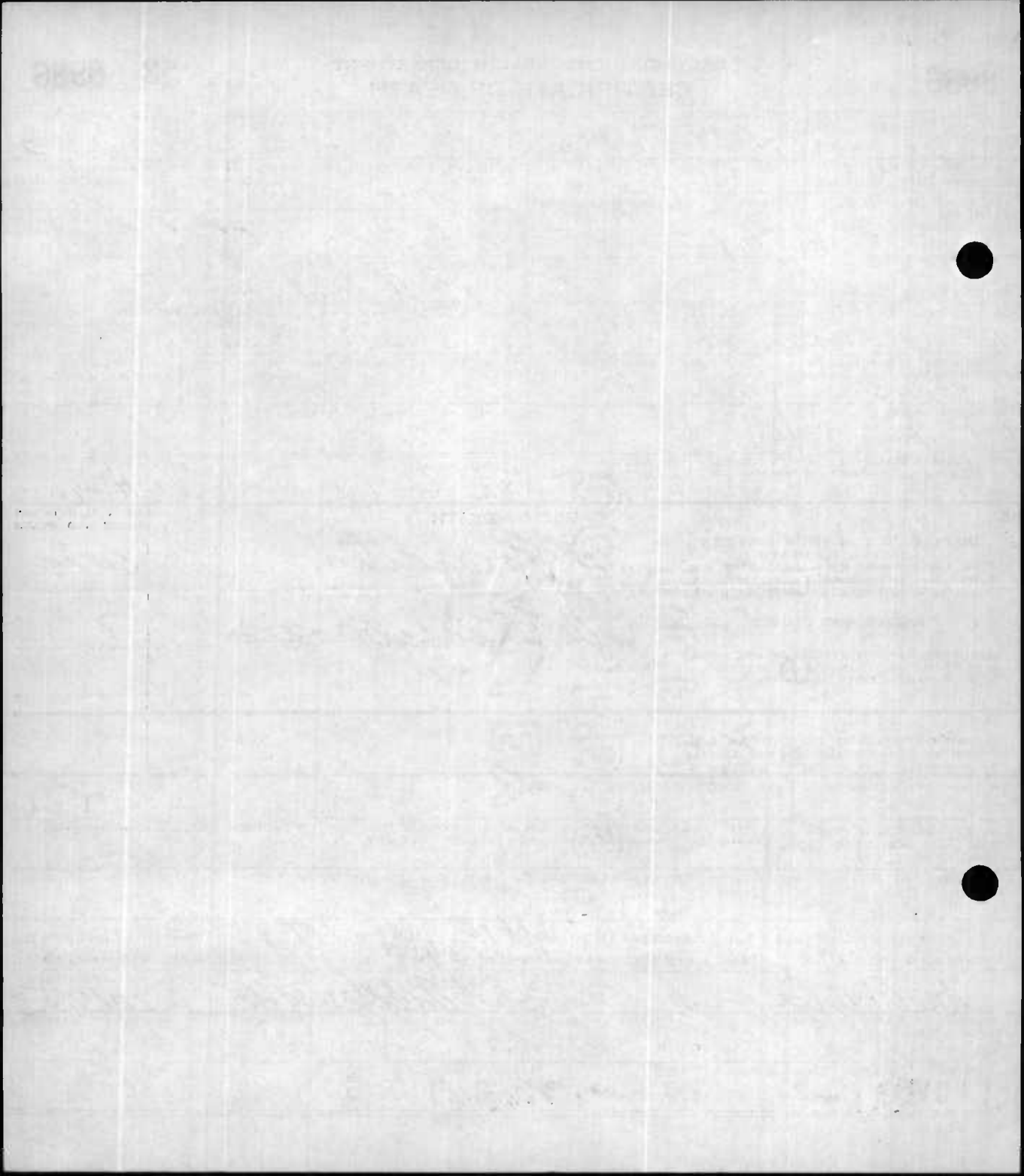
25. FUNERAL DIRECTOR

ADDRESS

OCT 10 1953

Huntington

Thomas E. Ronny Inc. 1600 Hollins St



V-425

3 8987

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8987

RTH NO.

|   |                            |  |   |
|---|----------------------------|--|---|
| NAME OF DECEASED<br>Type or Print) <b>Josephine M. Nelson</b>   |                            | 2. DATE OF DEATH <b>Oct. 8-53</b>  |   |
| PLACE OF DEATH:<br><b>Baltimore City, Maryland Balto</b>  |                            | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Md.</b><br>B. COUNTY <b>Balto</b> |   |
| FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><b>1127 N. Gay St.</b>  |                            | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Balto</b>   |   |
| Length of stay in Baltimore <b>25 yrs</b><br>Yrs. Mos. Days   |                            | D. STREET ADDRESS (If rural, give location)<br><b>1127 N. Gay St.</b>  |   |
| SEX <b>F.</b>   | 6. COLOR OR RACE <b>W.</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>   | 8. DATE OF BIRTH <b>Jan. 6-1881</b>           |
| A. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)<br><b>At Home</b>  |                            | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>House Work</b>   | 9. AGE (In years last birthday) <b>72</b>     |
| FATHER'S NAME<br><b>Robert Thornton</b>   |                            | 11. BIRTHPLACE (State or foreign country)<br><b>Crisfield Md.</b>  |   |
| C. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><b>No</b>   |                            | 16. SOCIAL SECURITY NO.<br><b>None</b>   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
| 18. <b>260X</b>   |                            | 14. MOTHER'S MAIDEN NAME<br><b>Mary Elizabeth Tyler</b>  |   |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)   |                            | 17. INFORMANT ADDRESS<br><b>Geo. R. Nelson 1127 N. Gay St</b>  |   |
| ANTECEDENT CAUSES   |                            | CAUSE OF DEATH<br><b>Hyperbemia - Cerebral Hemorrhage</b>  |   |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |                            | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 weeks</b>   |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                            |  |   |
| 19A. DATE OF OPERATION  |                            | 19B. MAJOR FINDINGS OF OPERATION   |   |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |                            | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |   |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                            | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                            | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <b>Oct 8, 1953</b> , to <b>Oct 8, 1953</b> , that I last saw the deceased alive on <b>Oct 7, 1953</b> , and that death occurred at <b>11:45</b> m. from the causes and on the date stated above. |                            |  |   |
| 23A. SIGNATURE<br><b>Edith J. Skorsky</b>   |                            | 23B. ADDRESS<br><b>2439 N. E. 11th St</b>  |   |
| 23C. DATE SIGNED<br><b>10/9/53</b>  |                            |  |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                            | 24B. DATE<br><b>Oct 12-53</b>  |   |
| 24C. NAME OF CEMETERY OR CREMATORY<br><b>Asbury Methodist Cem.</b>  |                            | 24D. LOCATION (City, town, or county) (State)<br><b>Crisfield Md.</b>  |   |
| 25. FUNERAL DIRECTOR<br><b>Huntington-Holmes</b>  |                            | ADDRESS<br><b>1800 E. Lombard St</b>   |   |

OCT 15 1953



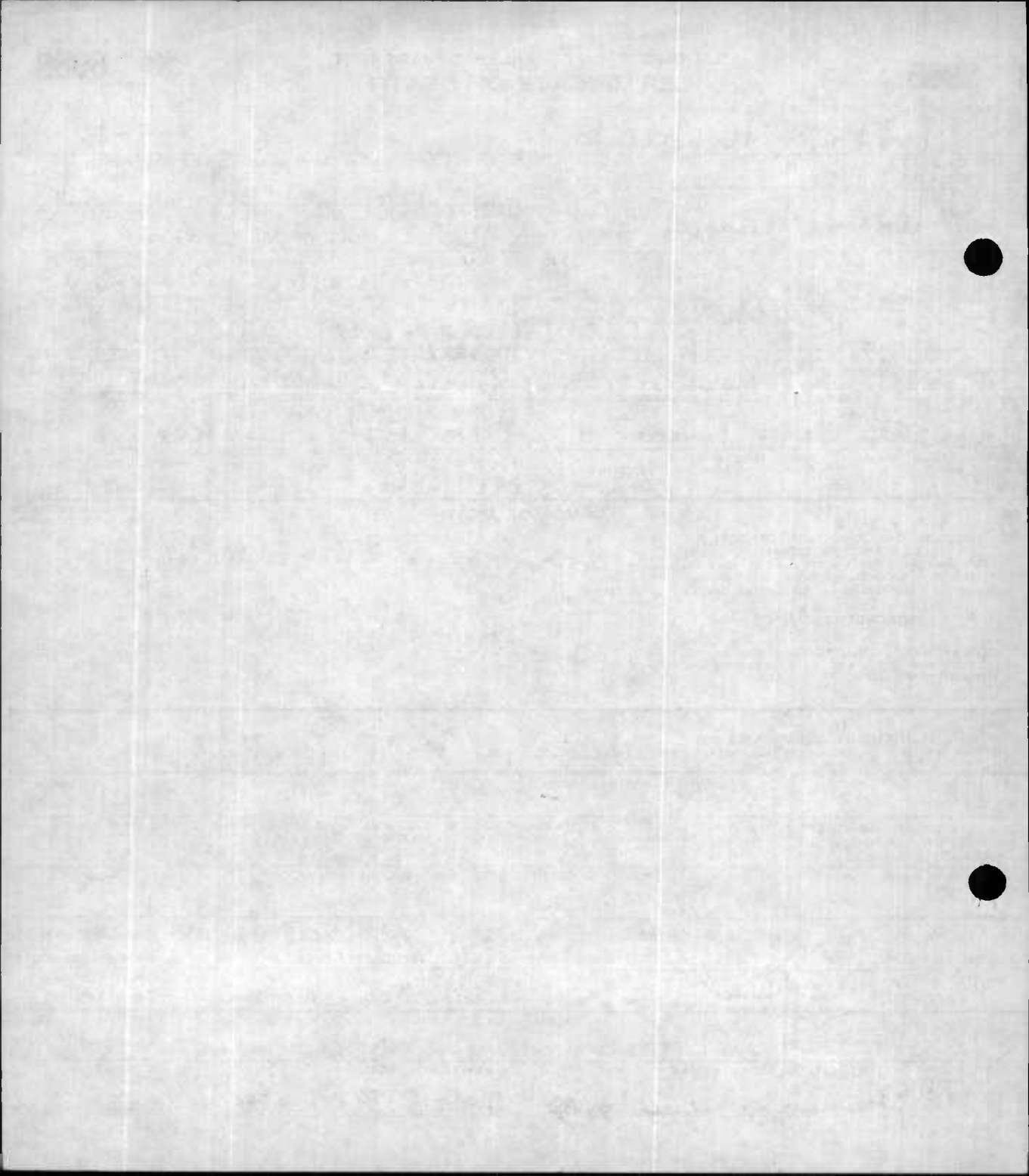


3-200  
8988BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8988

IRTH NO.

|  |  |  |  |
|--|--|--|--|
| NAME OF DECEASED<br>(Type or Print) Mrs Louise Isabelle Biggs  |  | 2. DATE OF DEATH 10-9-53   |  |
| PLACE OF DEATH:<br>Baltimore City, Maryland  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Maryland B. COUNTY |  |
| FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR UNION Memorial Hospital   |  | C. CITY OR TOWN (If outside corporate limits, write FULLAL and give township)<br>Baltimore 14 27-05                  |  |
| STREET ADDRESS (If rural, give location)<br>6406 Eastern Parkway   |  | D. STREET ADDRESS  |  |
| Length of stay in Baltimore<br>Yrs. Mos. Days  |  | 8. DATE OF BIRTH Aug 17-1927   |  |
| SEX F 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.  |  | 9. AGE (in years last birthday) 26   |  |
| A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) Housewife   |  | 10. KIND OF BUSINESS OR INDUSTRY   |  |
| FATHER'S NAME Mr John George Johnston  |  | 11. BIRTHPLACE (State or foreign country) Massachusetts  |  |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A.  |  | 14. MOTHER'S MAIDEN NAME Miss Eliza Baker  |  |
| 13. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO  |  | 16. SOCIAL SECURITY NO. 042-22-0308  |  |
| 17. INFORMANT Mr Robert Biggs  |  | ADDRESS Same   |  |
| 18. 686 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)                    |  | CAUSE OF DEATH   |  |
| ANTECEDENT CAUSES  |  | (A) Pneumonia, RT. Middle lobe   |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |  | (B) Jaundice   |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  | (C) 8 days Post Partum   |  |
| 19A. DATE OF OPERATION 0   |  | 19B. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |  |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH  |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                             |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |  |  |  |
| 21D. ME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK               |  |
| 21F. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from Oct 1 1953, to Oct 9, 1953, that I last saw the deceased alive on Oct 9, 1953, and that death occurred at 11:50 A.M., from the causes and on the date stated above. |  |  |  |
| 23A. SIGNATURE M. A. P. - Paul   |  | 23B. ADDRESS Union Memorial Hosp   |  |
| 23C. DATE SIGNED 10-9-53   |  |  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) ORIAL  |  | 24B. DATE OCT 12, 1953   |  |
| 24C. NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL  |  | 24D. LOCATION (City, town, or county) BALTIMORE MD   |  |
| 25. FUNERAL DIRECTOR   |  | ADDRESS  |  |
| OCT 10 1953  |  | MULLEN FURNERAL HOME 4210 BELAIR   |  |



|   |                            |   |  |   |  |
|---|----------------------------|---|--|---|--|
| <div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">- 543</div> <div style="font-size: 1.5em; font-weight: bold;">8989</div>  |                            | <div style="font-weight: bold; margin-bottom: 5px;">BALTIMORE CITY HEALTH DEPARTMENT</div> <div style="font-weight: bold; margin-bottom: 5px;">CERTIFICATE OF DEATH</div> |  | <div style="font-weight: bold; margin-bottom: 5px;">Registered No. 53 8989</div>    |  |
| <div style="display: flex; justify-content: space-between;"> <div> NAME OF DECEASED<br/>(Type or Print) <b>Mrs. Edna M. Reinhold</b> </div> <div> 2. DATE OF DEATH <b>10/9/53</b> </div> </div>   |                            |   |  |   |  |
| PLACE OF DEATH:<br><b>Baltimore City, Maryland</b>  |                            |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MD.</b> B. COUNTY <b>BALTO.</b> |   |  |
| FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><b>Suburban Hospital</b>  |                            |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore City WINDALK 22</b>                     |   |  |
| Length of stay in Baltimore <b>30</b> Yrs. Mos. Days  |                            |   | D. STREET ADDRESS (If rural, give location)<br><b>222 Coe Gate Ave. 5353</b>   |   |  |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>W.</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b>   | 8. DATE OF BIRTH<br><b>7/20/96</b>   | 9. AGE (In years last birthday)<br><b>57</b>  | 10. Under 1 Year Months: Days: Under 24 Hours: Min.    |
| A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b>   |                            |   | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (State or foreign country)<br><b>MD</b> |
| FATHER'S NAME<br><b>JESSE MOORE</b>   |                            |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A</b>   |   |  |
| WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><b>No</b>  |                            |   | 16. SOCIAL SECURITY NO.<br><b>NONE</b>   |   |  |
| 14. MOTHER'S MAIDEN NAME<br><b>MARGARET DUGAN</b>   |                            |   | 17. INFORMANT ADDRESS<br><b>HARRY J. REINHOLD - SAME</b>   |   |  |
| 18. <b>200.1</b> CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Melanotic Lymphoma</b><br>INTERVAL BETWEEN ONSET AND DEATH |                            |   |  |   |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |                            |   |  |   |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                            |   |  |   |  |
| 19a. DATE OF OPERATION <b>10/9/53</b>   |                            | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   |                            | 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                            | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>8/29</b> , 19 <b>53</b> , to <b>10/9</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10/9</b> , 19 <b>53</b> , and that death occurred at <b>4:30</b> p. m., from the causes and on the date stated above.                  |                            |   |  |   |  |
| 23a. SIGNATURE<br><b>Heinrich Rein</b>  |                            | 23b. ADDRESS<br><b>Suburban Hospital Balto. Md.</b>   |  | 23c. DATE SIGNED<br><b>10/9/53</b>  |  |
| A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |                            | 24b. DATE<br><b>10-12-53</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>MT. CARMEL</b>  | 24d. LOCATION (City, town, or county) (State)<br><b>BALTO. MD.</b>                  |  |
| TE RECEIVED BY<br><b>CT 10/13/53</b>  |                            | REGISTRAR'S SIGNATURE<br><b>Huntington Williams</b>   |  | 25. FUNERAL DIRECTOR<br><b>Walters &amp; Sons, 1401 N. ...</b>                      |  |

2

F-635  
8990  
W. Carolina St  
RTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8990

|   |                                 |  |                                 |
|---|---------------------------------|--|---------------------------------|
| NAME OF DECEASED<br>(Type or Print) <u>Mary S. Jordan</u>   |                                 | 2. DATE OF DEATH <u>Oct 8 - 1953</u>   |                                 |
| PLACE OF DEATH: <u>Baltimore City, Maryland</u>   |                                 | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <u>1311 N. Dallas St</u> B. COUNTY <u>Baltimore City</u> |                                 |
| FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><u>1311 N. Dallas St</u>  |                                 | C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)<br><u>Baltimore City</u>   |                                 |
| Length of stay in Baltimore <u>9 years?</u><br>Yrs. <u>9</u> Mos. <u>0</u> Days <u>0</u>  |                                 | D. STREET ADDRESS (If rural, give location)<br><u>1311 N. Dallas St</u>  |                                 |
| SEX <u>Female</u>   | 6. COLOR OR RACE <u>Colored</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>   | 8. DATE OF BIRTH <u>Oct. 77</u> |
| A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)<br><u>House Wife</u>   |                                 | 10a. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>  |                                 |
| FATHER'S NAME <u>John Edwards</u>   |                                 | 11. BIRTHPLACE (State or foreign country) <u>Petersburg, Va. U.S.A</u>   |                                 |
| 13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>   |                                 | 14. MOTHER'S MAIDEN NAME <u>Ella Edwards</u>   |                                 |
| 16. SOCIAL SECURITY NO. <u>42011</u>  |                                 | 17. INFORMANT <u>William Jordan</u> ADDRESS <u>1311 N. Dallas St</u>   |                                 |
| 18. I <u>42011</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>CAUSE OF DEATH<br><u>Coronary Heart Disease</u><br>DUE TO<br><u>Arteriosclerosis</u> |                                 | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u>   |                                 |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                                 |  |                                 |
| 19a. DATE OF OPERATION <u>0</u>   |                                 | 19b. MAJOR FINDINGS OF OPERATION   |                                 |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>   |                                 |  |                                 |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH   |                                 | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                                 |
| 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                                 |  |                                 |
| 21d. ME (Month) (Day) (Year) (Hour) OF INJURY   |                                 | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                 |
| 21f. HOW DID INJURY OCCUR?  |                                 |  |                                 |
| 22. I hereby certify that I attended the deceased from <u>August 1, 1953</u> to <u>Oct 8, 1953</u> that I last saw the deceased alive on <u>10-7, 1953</u> and that death occurred at <u>125 p.m.</u> from the causes and on the date stated above.   |                                 |  |                                 |
| 23a. SIGNATURE <u>J. K. Adams</u> M. D.   |                                 | 23b. ADDRESS <u>222 N. Caroline St</u>   |                                 |
| 23c. DATE SIGNED <u>10-9-53</u>   |                                 |  |                                 |
| A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |                                 | 24a. DATE <u>10/11/53</u>  |                                 |
| 24b. NAME OF CEMETERY OR CREMATORY <u>Campbell's Chapel Church Cemetery</u>   |                                 | 24c. LOCATION (City, town, or county) (State) <u>Va.</u>   |                                 |
| DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 10 1953</u>   |                                 | REGISTRAR'S SIGNATURE <u>Robert E. Williams</u>  |                                 |
| 25. FUNERAL DIRECTOR <u>Robert E. Williams</u>  |                                 | ADDRESS <u>1515 McElhenny St.</u>  |                                 |





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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8992**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**JULIAN TENNYSON BENNS**2. DATE  
OF  
DEATH**Oct. 9, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

**Maryland**

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR INSTITUTION **US Public Health Service Hospital** location)**Wyman pk. drive & 31st st.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1324 Fulton Avenue**

c. Length of stay in Baltimore

**?**

5. SEX

**M**

6. COLOR OR RACE

**col**

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**3/17/09**

9. AGE (In years

last birthday)

**44**

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**Rigger**10B. KIND OF BUSINESS OR  
INDUSTRY**Seafarer**

11. BIRTHPLACE (State or foreign country)

**Va.**12. CITIZEN OF  
WHAT COUNTRY?**USA**

13. FATHER'S NAME

**Julian Benns**

14. MOTHER'S MAIDEN NAME

**Eliza Carey**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL  
SECURITY NO.**228-03-2883**

17. INFORMANT

ADDRESS

**Records- US PHS Hospital, Balto, Md.**18. **441X**

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) **Cerebral edema and congestion**

DUE TO

**Recent**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) **Encephalomalacia left cerebral cortex**

DUE TO

**Recent****1- Arterial hypertension****Unknown****2- Hypertensive cardiovascular****Unknown**

(C)

**disease**

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

**9/23/43 & 10/7/53**

19B. CONDITION FOR WHICH OPERATION

WAS PERFORMED

**Malignant hypertension**IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug. 23, 1953** to **Oct. 9, 1953** that I last saw the  
deceased alive on **Oct. 9, 1953** and that death occurred at **12:40 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

**J.A. Hunter, Clinical Director**

M. D.

23B. ADDRESS

**US PHS Hospital, Balto, Md.**

23C. DATE SIGNED

**10/9/53**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)**Burial**

24B. DATE

**10/12/1953**

24C. NAME OF CEMETERY OR CREMATORY

**Shiloh Cem.**

24D. LOCATION (City, town, or county)

**Northumberland Co. Pa.**

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

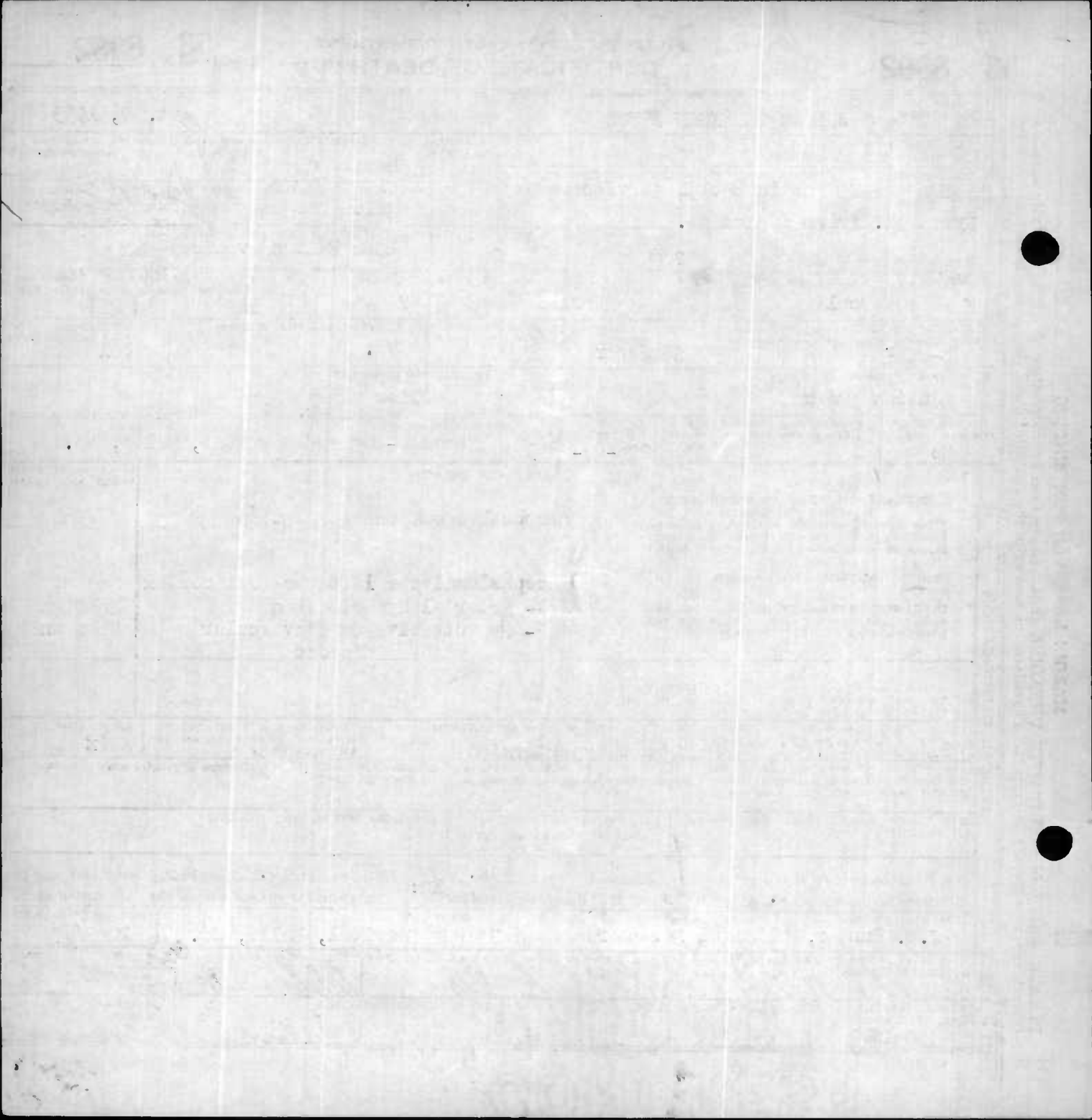
25. FUNERAL DIRECTOR

ADDRESS

**OCT 10 1953**

VS 150

**Funeral Home of William H. Williams, Mrs. Katy R. Williams, Schrock****594-55**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-200

53 8993

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 8993

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Andrew Jackson KEYS

2. DATE  
OF  
DEATH

10/2/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University of Maryland Hosp.

C. CITY OR TOWN

Baltimore Md

D. STREET ADDRESS (If rural, give location)

415 N Eutaw St.

C. Length of stay in Baltimore

LIFE

5. SEX

Male

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDDED, DIVORCED (Specify)

M

8. DATE OF BIRTH

12/10/95

9. AGE (In years last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bartender

10B. KIND OF BUSINESS OR INDUSTRY

CLERK

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

ANDREW JACKSON KEYS

14. MOTHER'S MAIDEN NAME

MADLYNE F. MAY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

W.W.I

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MADLYNE E. KUTSCH

18.

58/0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bleeding Esophageal Varices

DUE TO

3 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cirrhosis of the Liver

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/30, 1953, to 10/2, 1953, that I last saw the deceased alive on 10/2, 1953, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Luis J. Gonzalez

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

10-6-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/12/53

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

OCT 10 1953

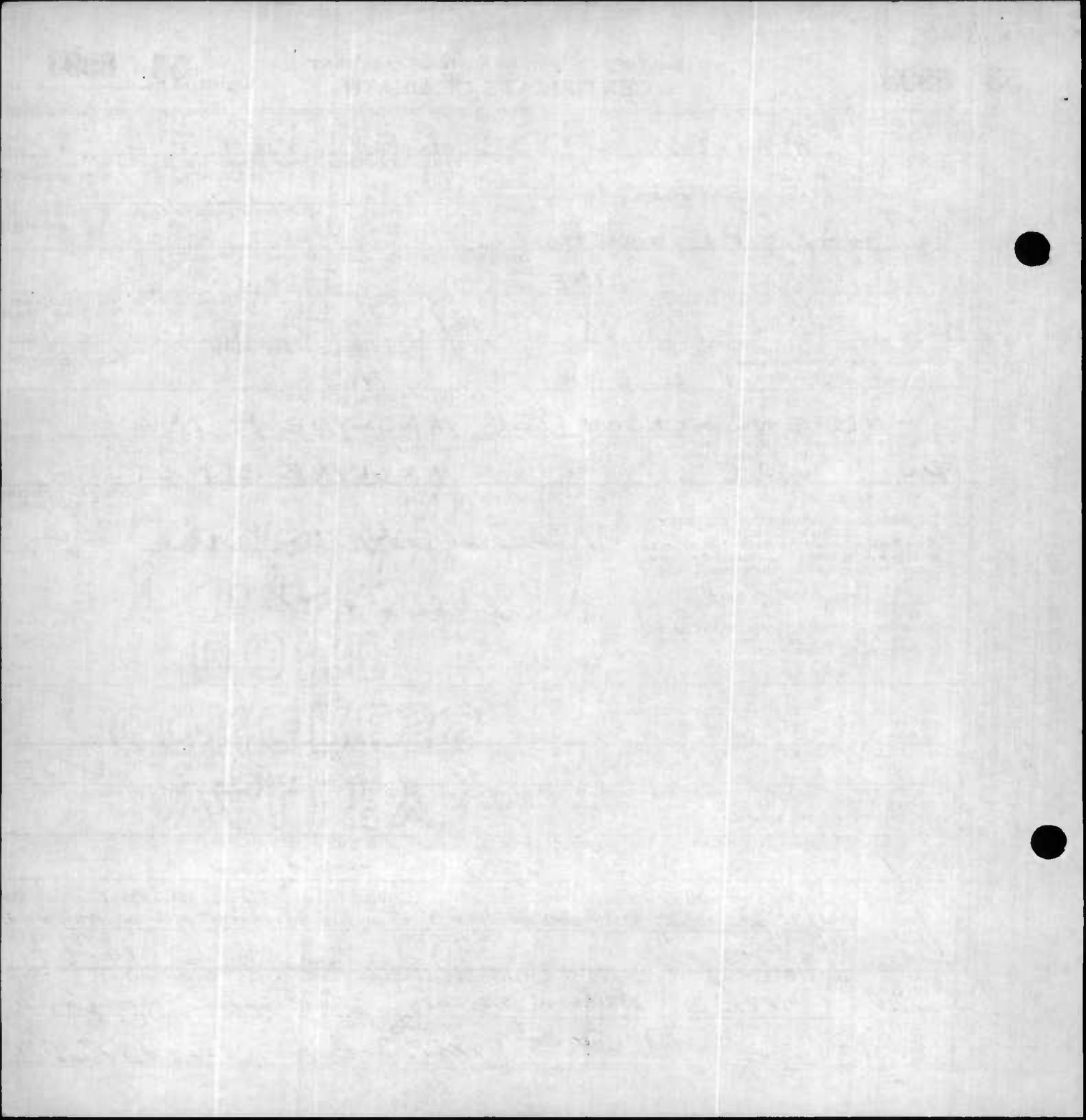
REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Wm. Cook, Inc., 1217 St. Paul St.

ADDRESS





R-163

8994

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 8994

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Edward J. Roberts

2. DATE  
OF  
DEATH

10-9-53

PLACE OF DEATH:

Baltimore City, Maryland Baltimore

FULL NAME OF (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

2051 McComas Ave., Baltimore, Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 22 md

D. STREET ADDRESS (If rural, give location)

Same

5353

Length of stay in Baltimore

Yrs.  
Mos.  
Days

SEX

male

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb 12 / 1874

9. AGE (In years  
last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

A. USUAL OCCUPATION (Give kind of  
done during month working, or even if retired)

blind - Book Bethlehem Steel

10b. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York, N. Y.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

FATHER'S NAME

Lewis Roberts

14. MOTHER'S MAIDEN NAME

-

WAS DECEASED EVER IN U. S. ARMED FORCES?  
(no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

104-03-0118

17. INFORMANT

Mr. Reginald B. Roberts

ADDRESS

18. 490x and 260x

CAUSE OF DEATH 8120 Long Point Rd. 4th

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)(A) bilateral lower lobe  
pneumonia

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) -  
(C) -II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

passive congestion lungs - diabetes

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 10-8, 1953, to 10-9, 1953, that I last saw the  
deceased alive on 10-9, 1953, and that death occurred at 2:45 am., from the causes and on the date stated above.

23A. SIGNATURE

Van Lish

23B. ADDRESS

M. O.

Union Mem. Hosp.

23C. DATE SIGNED

10-9-53

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/12/53

24C. NAME OF CEMETERY OR CREMATORY

Rome Cemetery

24D. LOCATION (City, town, or county)

Rome, New York

(State)

TE RECEIVED BY  
CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Book, Inc., 1217 St. Paul St

ADDRESS

CT 1 01953

VS 150

1903 52

1903



53 8995

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8995  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Peter E. Buchheimer

2. DATE  
OF  
DEATH

October 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)

INSTITUTION

1002 Kevin Road

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1002 Kevin Road

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE. MARRIED.  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 3, 1866

9. AGE (In years  
last birthday)

87

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Ret. Sheet Metal Worker

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Peter E. Buchheimer

14. MOTHER'S MAIDEN NAME

---

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

212-14-2220 A

17. INFORMANT

ADDRESS

Mrs. Mabel Weber, 1002 Kevin Road

1B.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Coronary occlusion

INTERVAL BETWEEN  
ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic - Cardes-  
vascular Disease

(C)

6 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19, to Oct. 9, 1953, that I last saw the  
deceased alive on Oct. 8, 1953, and that death occurred at 7 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Homer E. Todd

M. D.

23B. ADDRESS

2108 St Paul St.

23C. DATE SIGNED

10/9/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

10/12/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery

24D. LOCATION (City, town, or county)

Woodlawn,

(State)

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

Form 1, January 1953

Continuation

Statement

1952-1953

1952-1953

1

1952-1953

1952-1953

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1952-1953

1952-1953

1952-1953

1952-1953

Form 1, January 1953

1952-1953

1952-1953

1952-1953

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1952-1953

1952-1953

1952-1953

-430

53 8996

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8996

Registered No.

NAME OF DECEASED  
(Type or Print)

John J. Scheldt

2. DATE  
OF  
DEATH

Oct. 9, 1953

PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
STITUTION

3014 Edmondson Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3014 Edmondson Ave.

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

Starter

10B. KIND OF BUSINESS OR  
INDUSTRY

Balto. Transit

FATHER'S NAME

John Scheldt

C. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

NO

NO

16. SOCIAL  
SECURITY NO.

213.05.9622

17. INFORMANT

ADDRESS

Mary Anna Scheldt 3014 Edmondson Ave.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Pulmonary Tuberculosis

3 1/2 yrs.

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from Oct 5, 1953, to 10/9, 1953, that I last saw the  
deceased alive on Oct 5, 1953, and that death occurred at 8 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

10/12/53

New Cathedral

Baltimore

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 11 1953

Huntington Hilliard

T. Stansbury 2700 Edmondson Ave.

VS 150

322 51

CERTIFICATE OF DEATH

Dr. W. W. W.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 8997  
Registered No.5-530  
FD 171307  
53 8997  
BIRTH NO.1. NAME OF DECEASED  
(Type or Print)

Nancy Smith

2. DATE OF DEATH  
8-27-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE Baltimore City Hospitals  
4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 19-02

c. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

220 North Stricker Street #23

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

Feb. 13, 1903

9. AGE (In years last birthday)

50

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Smith (deceased)

14. MOTHER'S MAIDEN NAME

Lucy Barkley (deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B.C.H. 4940 Eastern Ave. (records)

18. 010X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Tubercular Meningitis

## ANTECEDENT CAUSES

(B) DUE TO  
(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-18-1953, to 8-27-1953 that I last saw the deceased alive on 8-27-1953, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams, M.D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

8-27-1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL SEP 28, 1953

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

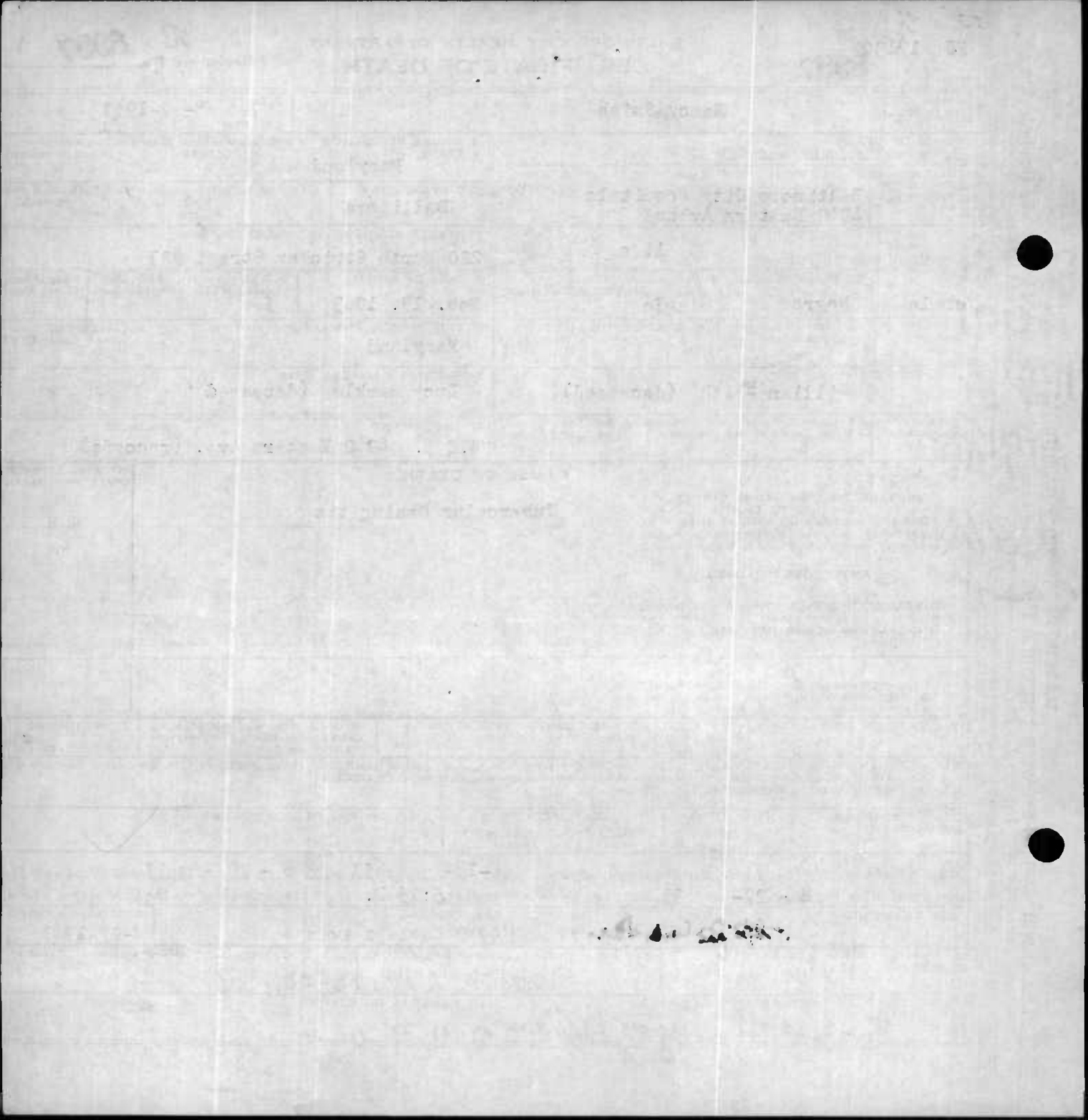
25. FUNERAL DIRECTOR

ADDRESS

OCT 11 1953

Huntington Williams, M.D.

Huntington Williams, M.D.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

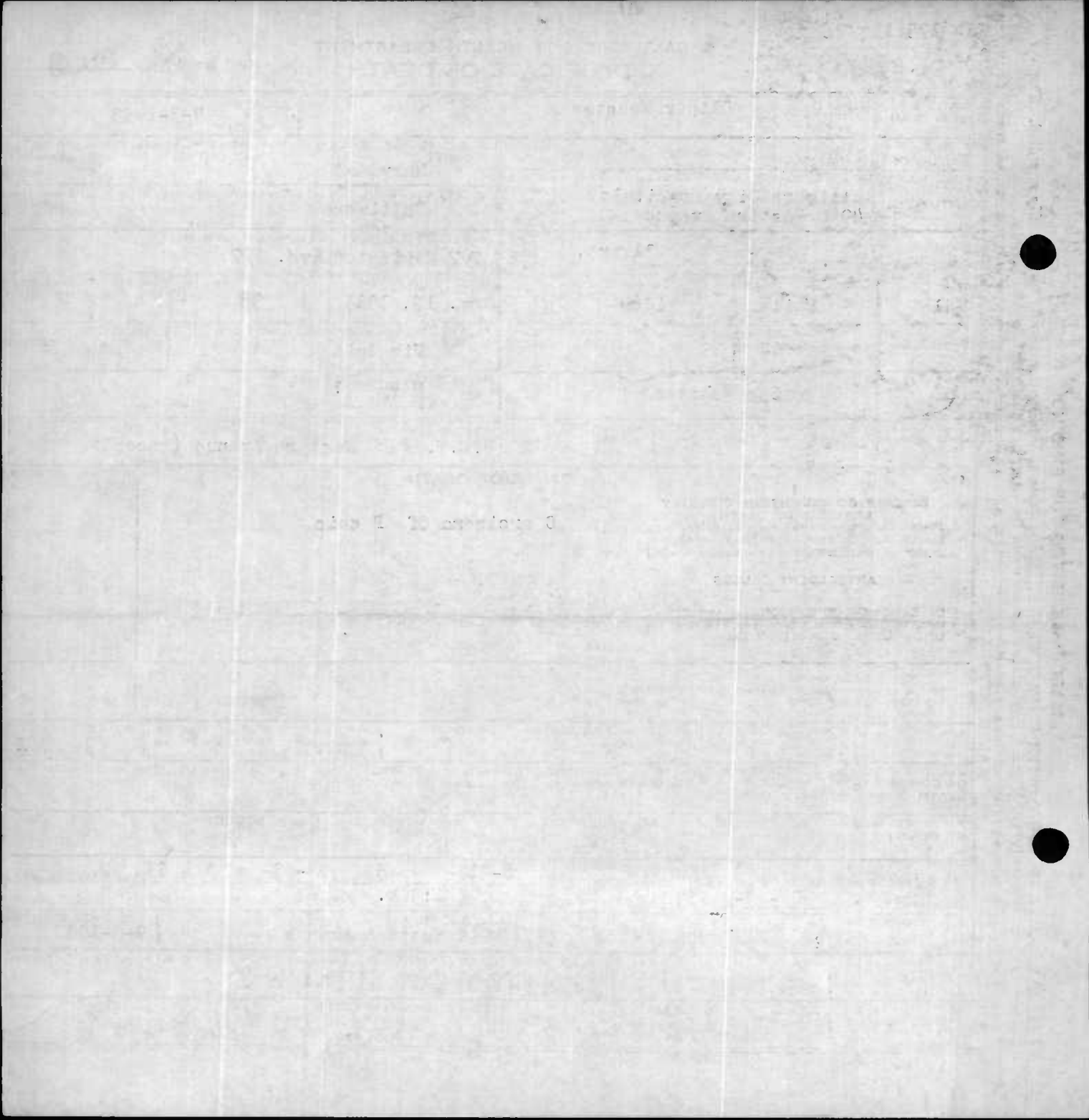
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 8998

BIRTH NO. 53 8998

|   |                                  |   |   |   |  |
|---|----------------------------------|---|---|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Oather Webster</b>  |                                  |   | 2. DATE OF DEATH<br><b>9-3-1953</b>   |   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY <b>13-02</b> |   |  |
| 5. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b><br><b>4940 Eastern Avenue</b> |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>  |   |  |
| c. Length of stay in Baltimore <b>21 yrs.</b><br>Yrs. <b>21</b><br>Mos. <b>0</b><br>Days <b>0</b>   |                                  |   | D. STREET ADDRESS (If rural, give location)<br><b>707 Newington Ave. #17</b>  |   |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widow</b> | 8. DATE OF BIRTH<br><b>Nov. 15, 1915</b>  | 9. AGE (In years last birthday)<br><b>37 38</b> | If Under 1 Year<br>Months: <b>0</b> Days: <b>0</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                                  |   | 11. BIRTHPLACE (State or foreign country)<br><b>Virginia</b>  |   |  |
| 10B. KIND OF BUSINESS OR INDUSTRY   |                                  |   | 12. CITIZEN OF WHAT COUNTRY?  |   |  |
| 13. FATHER'S NAME<br><b>Sam Webster</b>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Mary</b>   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)  |                                  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT ADDRESS<br><b>B.C.H. 4940 Eastern Avenue (records)</b>  |   |  |

|  |  |  |                                  |   |  |
|--|--|--|----------------------------------|---|--|
| 18. <b>179x</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>C arcinoma Of P enic</b><br>(A) <b>DUE TO</b><br>ANTECEDENT CAUSES<br>(B) <b>DUE TO</b><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(C) <b>DUE TO</b> |  |  | INTERVAL BETWEEN ONSET AND DEATH |   |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |  |                                  |   |  |
| 19A. DATE OF OPERATION<br><b>0</b>   |  | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   |                                  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |                                  | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |                                  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>8-19-1953</b> , to <b>9-3-1953</b> , that I last saw the deceased alive on <b>9-3-1953</b> , and that death occurred at <b>1:30A</b> m., from the causes and on the date stated above.   |  |  |                                  |   |  |
| 23A. SIGNATURE<br><i>Dr. John R. ...</i>   |  | 23B. ADDRESS<br><b>4940 Eastern Avenue</b><br>M. D.  |                                  | 23C. DATE SIGNED<br><b>9-3-1953</b>   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)  |  | 24B. DATE  |                                  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>UNIVERSITY MEDICAL SCHOOL</b>              |  |
| 24D. LOCATION (City, town, or county)  |  | 24E. DATE<br><b>SEP. 28, 1953</b>  |                                  | 24F. (State)  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>OCT 11 1953</b>   |  | REGISTRAR'S SIGNATURE<br><i>Huntington Williams, Jr.</i>   |                                  | 25. FUNERAL DIRECTOR<br><i>Huntington Williams, Jr.</i>                             |  |
| ADDRESS  |  | ADDRESS  |                                  |   |  |



53 8999

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 8999

Registered No.

|  |                           |   |                       |
|--|---------------------------|---|-----------------------|
| BIRTH NO.  |                           |   |                       |
| 1. NAME OF DECEASED<br>(Type or Print)   |                           | 2. DATE OF DEATH  |                       |
| ROBERT JOHNSON   |                           | 9-6-53  |                       |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE<br>Maryland   |                       |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br>Baltimore City Morgue   |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore 12-05   |                       |
| c. Length of stay in Baltimore<br>Yrs. Mos. Days   |                           | D. STREET ADDRESS (If rural, give location)<br>1814 N. Charles Street   |                       |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   | 8. DATE OF BIRTH<br>U |
| 9. AGE (In years last birthday)<br>55  |                           | 10. UNDER 1 Year Months: Days   |                       |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>N   |                           | 10B. KIND OF BUSINESS OR INDUSTRY   |                       |
| 11. BIRTHPLACE (State or foreign country)<br>K   |                           | 12. CITIZEN OF WHAT COUNTRY?  |                       |
| 13. FATHER'S NAME<br>N   |                           | 14. MOTHER'S MAIDEN NAME<br>O   |                       |
| 15. WAS DECEASED OVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br>W   |                           | 16. SOCIAL SECURITY NO.   |                       |
| 17. INFORMANT<br>N   |                           | ADDRESS   |                       |
| 18. 443X<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>DUE TO<br>Hypertensive Heart Disease<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>DUE TO<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br>FATTY INFILTRATION OF LIVER |                           | INTERVAL BETWEEN ONSET AND DEATH  |                       |
| 19A. DATE OF OPERATION   |                           | 19B. MAJOR FINDINGS OF OPERATION  |                       |
| 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |                           |   |                       |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.   |                           | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                       |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |                           | 21D. TIME (Month) (Day) (Year) (Hour)   |                       |
| 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                           | 21F. HOW DID INJURY OCCUR?  |                       |
| 22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .   |                           |   |                       |
| 23A. SIGNATURE<br>R. Fisher  |                           | 23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/><br>M.D. |                       |
| 23C. DATE SIGNED<br>9-6-53   |                           |   |                       |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)  |                           | 24B. DATE   |                       |
| 24C. NAME OF CEMETERY OR CREMATORY<br>UNIVERSITY MEDICAL SCHOOL  |                           | 24D. LOCATION (City, town, or county) (State)<br>SEP. 26, 1953  |                       |
| DATE RECEIVED BY LOCAL REGISTRAR   |                           | REGISTRAR'S SIGNATURE<br>H. H. Williams, M.D.   |                       |
| FUNERAL DIRECTOR<br>H. H. Williams, M.D.   |                           | ADDRESS   |                       |

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DEPARTMENT OF TAXATION

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9000**BIRTH NO. **53 9000****170650 AJH**1. NAME OF DECEASED  
(Type or Print)**James Roundtree**2. DATE  
OF  
DEATH**9-18-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY**Maryland**B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION**Baltimore City Hospital  
4940 Eastern Ave**C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)**Baltimore**

D. STREET ADDRESS (If rural, give location)

**118 S. Bond St City 31**

c. Length of stay in Baltimore

**27yrs**

5. SEX

**Male**

6. COLOR OR RACE

**Negro**

7. SINGLE, MARRIED,

**WIDOWED, DIVORCED (Specify)**  
**Sep.**

8. DATE OF BIRTH

**July 27 1894**9. AGE (In years  
last birthday)**59**

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

**S. Carolina**12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

**James Roundtree**

14. MOTHER'S MAIDEN NAME

**Agness ?**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**(Records) 4940 Eastern Ave**

18.

**260x and 15-1X**  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) **Diabetes Septicemia****DOE TO Carcinoma of Stomach**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

**7-8-53**19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED**Osteo. of leg**IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-26-53**, 19\_\_, to **9-18-53**, 19\_\_, that I last saw the  
deceased alive on **9-18-53**, 19\_\_, and that death occurred at **10.45am**, from the causes and on the date stated above.

23A. SIGNATURE

**H. Johnston**

M. D.

23B. ADDRESS

**4940 Eastern Ave**

23C. DATE SIGNED

**9-18-53**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

UNIVERSITY MEDICAL SCHOOL OCT. 1, 1953

MEDICAL DIRECTOR

ADDRESS

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